

**Waiver and Release of Liability**

**DISCLAIMER:** THE SUPER 32, COMPOUND WRESTLING LLC, COMPOUND SPORTSWEAR LLC, HENRY COUNTY PARKS AND RECREATION, CLIFF FRETWELL, TRAVIS JARRARD, ITS AGENTS, OR EMPLOYEES ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE SUPER 32 WRESTLING QUALIFIER FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE SUPER 32, HENRY COUNTY PARKS AND RECREATION, CLIFF FRETWELL, TRAVIS JARRARD ITS AGENTS, OR EMPLOYEES.

In consideration of my child's participation, I hereby release and covenant not-to-sue The Super 32, COMPOUND WRESTLING LLC, COMPOUND SPORTSWEAR LLC, Henry County Parks and Recreation, Cliff Fretwell, Travis Jarrard its agents, employees, instructors, or coaches from any and all present and future claims resulting from ordinary negligence on the part of , The Super 32, Henry County Parks and Recreation, Cliff Fretwell, Travis Jarrard or others listed for property damage, personal injury, or wrongful death arising as a result from ordinary negligence, both present and future, that may be made by me, my child, my family, estate, heirs, or assigns.

Further, I am aware that Wrestling is a vigorous sport involving severe cardiovascular stress and violent physical contact. I understand that Wrestling involves certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to all bones, joints, muscles, and internal organs; and that equipment provided for my child's protection may be inadequate to prevent serious injury. I further understand that Wrestling involves a particularly high risk of knee, head, and neck injury. In addition, I understand that participation in Wrestling involves activities incidental thereto, including, but not limited to, travel to and from the site for the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily allowing my child to participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, my child's personal injury, or my child's death.

I further agree to indemnify and hold harmless COMPOUND WRESTLING LLC, COMPOUND SPORTSWEAR LLC, The Super 32, Henry County Parks and Recreation, Cliff Fretwell, Travis Jarrard and others listed for any and all claims arising as a result of my child engaging in or receiving instruction in the Super 32 Wrestling Qualifier activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Georgia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Georgia.

I affirm that I am of legal age and am freely signing this agreement for my child to participate in Super 32 Wrestling Qualifier. I have read this form and fully understand that by signing this for I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of , The Super 32, COMPOUND WRESTLING LLC, COMPOUND SPORTSWEAR LLC, Henry County Parks and Recreation, Cliff Fretwell, Travis Jarrard or any parties listed above.

Wrestler Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# EVENT ATTENDEE SCREENING FORM

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our athletes, coaches, officials, visitors, staff, and volunteers, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

## Please print out this questionnaire and bring it with you to practice

Name:	Phone Number (mobile/home):		
Event Name:	Date:		
Athlete: <input type="checkbox"/>	Coach: <input type="checkbox"/>	Official: <input type="checkbox"/>	Spectator: <input type="checkbox"/>
Other: <input type="checkbox"/>			

### In the past 14 days, have you experienced?

<b>Current temperature:</b>		
Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New or worsening cough:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea (unless due to known cause):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer “**yes**” to any of the symptoms listed above, or your temperature is **100.4F or higher**, please self-isolate at home and contact your primary care physician’s office or nearest urgent care facility for direction.

### In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traveled internationally or domestically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer “**yes**” to either of these questions, please (unless exempt) Self- quarantine at home for 14 day. We strongly encourage clients at higher risk for severe COVID-19 complications (persons over age 60 or with underlying medical conditions) to continue to stay home to reduce their risk of exposure