WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK

Required. Sign and bring to check-in: Thursday, November 12, 6:00 to 8:00 PM, Stephen Decatur High School. One form covers every wrestler you list.

WRESTLER 1 NAME	WRESTLER 2 NAME	WRESTLER 3 NAME
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND THE LEGAL RIGHTS OF YOUR CHILD. BY SIGNING IT, YOU GIVE UP THE RIGHT TO SUE FOR INJURIES CAUSED BY ORDINARY NEGLIGENCE.

In exchange for my child (the "Wrestler") being allowed to take part in the programs of Stephen Decatur Junior Seahawks Wrestling, Inc., also known as the Jr. Seahawks Wrestling Club (the "Club"), I agree to the following for myself, for the Wrestler, and for our heirs, personal representatives, and assigns. I confirm that I am at least 18 years old and that I am the Wrestler's parent or legal guardian with legal authority to sign this agreement for the Wrestler.

1. The activity and its risks

Wrestling is a full-contact combat sport. Club practices at Stephen Decatur High School and other sites, clinics, open mats, tournaments, team events, and travel to and from them (the "Activities") involve risks that no amount of care, coaching, supervision, or equipment can fully remove. These risks include, but are not limited to:

- bruises, cuts, sprains, strains, dislocations, broken bones, and dental, eye, and ear injuries;
- head, neck, and spinal injuries, including concussion, paralysis, and in rare cases death;
- skin infections spread by contact (for example ringworm, impetigo, and herpes gladiatorum);
- heat illness, dehydration, overexertion, and, rarely, sudden cardiac arrest;
- injuries caused by other participants, by mats, walls, and other facility conditions, and by travel to and from Activities; and
- risks that are not known or not reasonably foreseeable today.

2. Assumption of risk

I understand these risks, and I understand that taking part is voluntary.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL OF THESE RISKS, KNOWN AND UNKNOWN, FOR MYSELF AND THE WRESTLER, INCLUDING RISKS THAT ARISE FROM THE ORDINARY NEGLIGENCE OF THE RELEASED PARTIES.

3. Who is released

In this agreement, the "Released Parties" are:

- the Club and its directors, officers, coaches, employees, volunteers, and agents;
- USA Wrestling, Inc., the Maryland State Wrestling Association (USA Wrestling's Maryland affiliate), and their directors, officers, employees, volunteers, and insurers;
- the Board of Education of Worcester County, which owns and operates Stephen Decatur High School, and its members, employees, and agents, and any other owner or operator of a site where an Activity takes place;
- host clubs, tournament organizers, officials, and sponsors of any Activity; and
- other participants in the Activities.

4. Release and promise not to sue

To the fullest extent Maryland law allows, I RELEASE, DISCHARGE, AND PROMISE NOT TO SUE the Released Parties for any claim for injury, illness, disability, death, or loss of or damage to property, and any related claim for medical expenses, lost wages, or loss of services, that arises out of or relates to the Wrestler's participation in the Activities, INCLUDING CLAIMS CAUSED BY THE ORDINARY NEGLIGENCE OF ANY RELEASED PARTY. This release covers my own claims and the Wrestler's claims.

This release does not cover harm caused by a Released Party's intentional misconduct or by reckless, wanton, or grossly negligent conduct, because Maryland law does not allow those claims to be released. It also does not stop me from making a claim under my own or the Wrestler's health insurance or under USA Wrestling's accident insurance.

5. Rules, conduct, and SafeSport

I agree that the Wrestler will follow the directions of Club coaches and the rules of USA Wrestling. I acknowledge that the Club follows the U.S. Center for SafeSport Code and USA Wrestling's Safe Sport Handbook, including its Minor Athlete Abuse Prevention Policies (MAAPP), which I may review at themat.com, and I agree to follow the parts of those policies that apply to parents. The Club may remove a Wrestler from an Activity for safety or conduct reasons.

6. Health, skin checks, and medical care

I confirm that, to my knowledge, the Wrestler has no condition that makes participation unsafe, other than what I disclose in the medical section of this registration. I agree that a coach may visually check the Wrestler's exposed skin for contagious conditions, in an open area where other adults can see, and may hold the Wrestler out of contact until the condition is cleared. I agree to follow the Club's concussion and sudden cardiac arrest rules. I agree to the emergency treatment instructions I give, and I accept responsibility for the cost of any treatment.

7. Transportation

I understand that the Club does not provide transportation. I am responsible for the Wrestler's transportation to and from practices and events, including any rides with other families that I arrange.

8. USA Wrestling membership and insurance

I understand that the Wrestler must hold a current USA Wrestling athlete membership (Limited Folkstyle or higher), affiliated with the Club, before taking part in any Activity. USA Wrestling's accident insurance is secondary to our own health insurance, has a deductible, and has benefit limits, so it may not pay all costs of an injury.

9. General terms

This agreement is governed by the laws of the State of Maryland and is intended to be as broad and inclusive as Maryland law allows. Any lawsuit relating to it or to the Activities must be filed in the District Court of Maryland or the Circuit Court for Worcester County, Maryland. If any part of this agreement is found unenforceable, the rest remains in full effect, and the unenforceable part will be enforced to the greatest extent the law allows.

This agreement applies to the 2026-2027 season and to any later season in which the Wrestler takes part, until I sign a newer version. The Club keeps signed waivers for at least 7 years.

I HAVE HAD THE CHANCE TO READ THIS AGREEMENT AND ASK QUESTIONS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS FOR MYSELF AND THE WRESTLER, AND I SIGN IT VOLUNTARILY.

I have read this Waiver, Release of Liability, and Assumption of Risk. I understand that it gives up legal rights for me and for each wrestler, and I agree to it for myself and for each wrestler.

INITIALS

By signing, I confirm that I am at least 18 years old and the parent or legal guardian of each wrestler named above, with legal authority to sign for each of them, that I have read and understand this document, and that I sign it voluntarily, for myself and for each wrestler.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO WRESTLER(S)

MEDICAL INFORMATION AND EMERGENCY TREATMENT AUTHORIZATION

Required. Sign and bring to check-in: Thursday, November 12, 6:00 to 8:00 PM, Stephen Decatur High School. One form covers every wrestler you list.

WRESTLER 1 NAME	WRESTLER 2 NAME	WRESTLER 3 NAME
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH

Each wrestler's allergies, medications, and health conditions are entered in the online registration. This form is the treatment authorization.

☐ **Option A**

If the Wrestler needs medical care, contact me before any treatment is given, unless a licensed physician, hospital, or emergency medical provider decides that immediate treatment is needed to save the Wrestler's life or to prevent serious or permanent injury.

☐ **Option B**

If the Wrestler needs medical care, treatment may begin while the Club keeps trying to reach me. I consent to the emergency medical care, including transport to a hospital, that a licensed physician, hospital, or emergency medical provider decides is needed.

Under either option

I authorize Club coaches and volunteers to call 911, give basic first aid, and share the Wrestler's medical information from this registration with emergency responders and treating providers. I understand that Club coaches and volunteers are not medical professionals and do not make medical decisions for the Wrestler. In a true emergency, medical providers may give treatment needed to protect the Wrestler's life or health before I can be reached, whichever option I choose.

Club coaches do not give medicine. In an emergency, a coach may help the Wrestler use the Wrestler's own prescribed inhaler or epinephrine auto-injector (EpiPen), and will call 911 whenever an epinephrine auto-injector is used.

I accept responsibility for the cost of any treatment.

Accuracy, privacy, and retention

The medical information I give in this registration is true and complete to the best of my knowledge, and I will tell the Club promptly if it changes.

The Club will store this information securely, will share it only with Club coaches who need it, event medical staff, emergency responders, and treating providers, and will not sell it or use it for any other purpose. The Club will keep the medical details for at least 18 months after the end of the season, as USA Wrestling directs, and then delete them. The record that I signed this form, and the option I chose, is kept with the signed waiver.

☐☐ **Check the box next to Option A or Option B above. Check only one.**

I have read this form. I choose the option marked above, and I give the authorizations in this form for each wrestler.

INITIALS

By signing, I confirm that I am at least 18 years old and the parent or legal guardian of each wrestler named above, with legal authority to sign for each of them, that I have read and understand this document, and that I sign it voluntarily, for myself and for each wrestler.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO WRESTLER(S)

CONCUSSION AND SUDDEN CARDIAC ARREST ACKNOWLEDGMENT

Required. Sign and bring to check-in: Thursday, November 12, 6:00 to 8:00 PM, Stephen Decatur High School. One form covers every wrestler you list.

WRESTLER 1 NAME	WRESTLER 2 NAME	WRESTLER 3 NAME
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH

Maryland law (Md. Code, Health-General § 14-501, and Education §§ 7-433 and 7-436) requires youth sports programs to make information about concussions, head injuries, and sudden cardiac arrest available to coaches, athletes, and parents or guardians, and requires that a youth athlete suspected of a concussion be removed from play. Because the Club practices at a public school facility (Stephen Decatur High School), each athlete and parent or guardian must acknowledge receiving this information, and the Club gives the Board of Education of Worcester County a yearly statement that it will comply.

This page summarizes that information. Club coaches review it every season. Copies of the Maryland State Department of Education information are available from the Club on request.

What is a concussion?

A concussion is a brain injury caused by a fall, a bump, blow, or jolt to the head, or a hit to the body that makes the head move or spin quickly. Most concussions happen without being knocked out. A concussion can look mild and still be serious.

Signs and symptoms to watch for

After a hit or fall, watch for any of these, which can show up right away or hours later:

- looking dazed, stunned, or confused, or forgetting what happened;
- headache or pressure in the head, dizziness, nausea, or vomiting;
- trouble with balance, clumsiness, or slow reactions;
- blurry or double vision, or sensitivity to light or noise;
- feeling foggy, slowed down, or unable to concentrate or remember; and
- changes in mood, behavior, or sleep.

Danger signs: call 911 or go to an emergency room

- a seizure (shaking or twitching);
- cannot recognize people or places, or growing confusion, restlessness, or agitation;
- repeated vomiting;
- passing out, or cannot be woken up, or growing drowsiness;
- slurred speech, weakness, numbness, or poor coordination;
- a headache that gets worse and does not go away; or
- one pupil larger than the other.

Why reporting matters

Continuing to practice or compete with a concussion is dangerous. The brain needs time to heal, and another hit before it heals can cause a longer recovery or, in rare cases, severe brain swelling that can be fatal. Wrestlers must tell a coach or parent right away if they have symptoms, or if a teammate does. A concussion can also affect schoolwork, so tell the Wrestler's school so teachers can make adjustments during recovery.

Removal and return to play (Maryland law and Club rules)

- Any Wrestler suspected of having a concussion or other head injury in a practice or competition will be removed from play at that time, and will not return that day.

- The Wrestler may not return to practice or competition until the Wrestler has written clearance from a licensed health care provider trained in the evaluation and management of concussions, and a copy has been given to the Club.
- Parents must tell the Club about any concussion or head injury that happens outside of wrestling. The same return-to-play rule applies.

Sudden cardiac arrest

Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. It is rare in young athletes, but it can be fatal within minutes without CPR and an AED. Warning signs include:

- fainting or near-fainting, especially during or right after exercise;
- difficulty breathing, or shortness of breath out of proportion to effort;
- chest pain or pressure;
- dizziness or lightheadedness;
- an abnormal heart rate (racing, pounding, fluttering, or skipped beats); and
- a family history of heart problems or sudden death before age 50.

Club rules for heart warning signs

Continuing to play or practice after a warning sign of sudden cardiac arrest can be fatal. A Wrestler who faints or has chest pain, difficulty breathing, dizziness, or an abnormal heart rate during activity will be removed from activity, and may not return until the Wrestler has been evaluated and cleared in writing by a licensed health care provider. If a Wrestler collapses, coaches will call 911, start CPR, and use an AED if one is available. Parents must tell the Club about any heart condition or family history of sudden cardiac death.

More information

CDC HEADS UP concussion information: cdc.gov/heads-up. Maryland Public Secondary Schools Athletic Association health and safety information on concussion and sudden cardiac arrest: mpssaa.org.

Acknowledgment

By signing, I acknowledge, for myself and for each Wrestler in this registration, that we received and read this information, that I reviewed it with each Wrestler in words the Wrestler can understand, and that we agree to follow the Club's removal and return-to-play rules.

We have read the concussion and sudden cardiac arrest information, I have reviewed it with each wrestler, and we agree to follow the Club's removal and return-to-play rules.

_____ INITIALS

By signing, I confirm that I am at least 18 years old and the parent or legal guardian of each wrestler named above, with legal authority to sign for each of them, that I have read and understand this document, and that I sign it voluntarily, for myself and for each wrestler.

_____ PARENT OR LEGAL GUARDIAN SIGNATURE

_____ DATE

_____ PRINTED NAME

_____ RELATIONSHIP TO WRESTLER(S)

PHOTO AND MEDIA RELEASE

Optional. If you skip this form, the answer is No. Sign and bring to check-in: Thursday, November 12, 6:00 to 8:00 PM, Stephen Decatur High School. One form covers every wrestler you list.

WRESTLER 1 NAME	WRESTLER 2 NAME	WRESTLER 3 NAME
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Stephen Decatur Junior Seahawks Wrestling, Inc., also known as the Jr. Seahawks Wrestling Club (the "Club") sometimes shares photos and video from practices, tournaments, and team events on its website, its Facebook page, sportsYou, flyers, and sponsor thank-you materials.

This permission is optional. If you choose No, or make no choice, the Club treats your answer as No. Your answer does not affect the Wrestler's registration, playing time, or participation in any way.

If you choose Yes, the Club agrees to these limits

- The Club will identify the Wrestler by first name and last initial at most, and will usually use no name at all.
- The Club will never publish the Wrestler's address, school, birth date, phone number, or any medical information.
- The Club will not tag the Wrestler or the Wrestler's family on social media.
- The Club will not sell the images or let anyone use them to advertise a product. Sponsor thank-you posts may include team photos.
- No payment is owed for any use.
- This permission covers photos and video taken during Club Activities while the Wrestler is registered, and lasts until you withdraw it.

If you choose No

The Club will not post or publish photos or video in which the Wrestler can be identified, and will crop, blur, or skip any photo that includes the Wrestler.

Under either choice

The Club never takes or allows photos or video in locker rooms, restrooms, or changing areas. Photos taken by other parents, spectators, tournament hosts, or the media are not controlled by the Club.

Changing your mind

You can withdraw this permission at any time by emailing the Club or telling a Club officer in writing. The Club will stop new uses right away and will remove existing posts it controls within 14 days. Printed materials already distributed cannot be recalled. You can also change a No to a Yes the same way.

Choose one (check one box):

☐ Yes. The Club may post photos and video that include my wrestler, within the limits above.

☐ No. Do not post photos or video in which my wrestler can be identified.

By signing, I confirm that I am at least 18 years old and the parent or legal guardian of each wrestler named above, with legal authority to sign for each of them, that I have read and understand this document, and that I sign it voluntarily, for myself and for each wrestler.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PRINTED NAME

RELATIONSHIP TO WRESTLER(S)