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)