



# MASSAPEQUA WRESTLING PRESENTS



## Henry Cejudo Clinic



<http://www.leaguelineup.com/massapequawrestling>

- DATE / TIME:** Saturday, May 16, 2009 10:00 a.m. (Doors Open at 9:30 a.m.)
- LOCATION:** Massapequa High School, 4925 Merrick Road, Massapequa, New York 11758
- REGISTRATION:** Submit a completed application and check for \$20 made payable to the **Friends of Massapequa Wrestling Inc.** postmarked on or before May 9<sup>th</sup>.
- A USA Wrestling card is required** and must be presented at check-in on the day of the Clinic in order to go on the mats. To purchase a USA card, go to [www.themat.com](http://www.themat.com), click on the "Membership" tab at the top of the menu selection and you will be sent to the USA Wrestling membership page.
- Clinic will be limited to the first 250 wrestlers to register.**  
Walk-in's will be accepted only if space is available and will be charged \$25.
- Parent or guardian must complete the "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement with Parental Consent ("Agreement")".
- BY MAIL:** Send a completed application and check postmarked by **May 9<sup>th</sup>** to:  
Friends of Massapequa Wrestling, P.O. Box 322, Massapequa Park, N.Y. 11762
- ADMISSION:** \$10 Coaches, spectators, parents and non-wrestling children.
- FOOD:** Concession stand will be open during the Clinic.  
No food or drinks other than water are allowed in the gym.
- CONTACT:** [chiefswrestling@aol.com](mailto:chiefswrestling@aol.com)  
Vito Mundo (516) 398-2375 or Steve Strumwasser (516) 330-2570

# Henry Cejudo Clinic

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in Henry Cejudo Clinic ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), Friends of Massapequa Wrestling Inc. and the Massapequa School District, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim. I ACKNOWLEDGE THAT IF I AM OVER THE AGE OF 18 YEARS, I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT OR, IF I AM UNDER THE AGE OF 18, I HAVE REVIEWED THIS FORM WITH MY PARENT/GUARDIAN WHO SIGNED BELOW.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Below section must be completed by Parent/Guardian for any participant under the age of 18.**

### MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN HAVE READ PARAGRAPHS 1-3 ABOVE AND UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

I HAVE READ THIS RELEASE

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_

I HAVE READ THIS RELEASE