



Wrestling Regional Training Center Participant Approval

Name: _____

E-mail: _____

Telephone: _____

Age: _____

Address: _____
Street City State Zip

Are you currently a USA Wrestling Member? Yes No Member Number: _____

If you answered Yes, please attach a copy of your USA Wrestling Membership card if you answered No, you must become a USA Wrestling Member before you will be allowed to participate at the Regional Training Center.

Check one - if more than one applies, check only your most recent achievement:

- Won at least one match at a USAW World or Olympic Team Trials.
- Placed top 8 at one of the following competitions: USAW Senior Open Championships, USAW University National Championship, FILA Junior National Championship, USAW Junior National Championships, USAW Cadet National Championship.
- Placed top 4 at one of the following competitions: High School State Championship, Prep National Championship, USAW State Junior Freestyle/Greco-Roman Championships, USAW State Cadet Freestyle/Greco-Roman Championships.

Please attach documentation that (1) confirms the above achievement and (2) includes the date of the achievement

Do you recognize this Regional Training Center as your Primary Training Site? Yes No

- My residence is within 250 miles of the Regional Training Center.
- This Regional Training Center is outside 250 miles from my residence but is the closest.

Age Group- Check one:

- Younger than a prospective student-athlete: Currently in or entering the grade 8 or younger.
- Prospect: Currently in or entering grades 9-12.
High School Wrestling Season Dates. Start Date: _____ End Date: _____
- Current student-athlete at 4-year institution: List institution: _____
- Current student-athlete at 2-year institution: List institution: _____
- Completed undergraduate education: List institution: _____
- Other: Please describe: _____

By signing below I certify that I will follow all NCAA, Pac-12, USA Wrestling, and Stanford University rules and regulations regarding participation with the Regional Training Center at Stanford University. Furthermore, I understand that my participation is voluntary and I may withdraw from participation with the Regional Training Center at any time.

Applicant Signature Date

Parent Signature (if applicant is under 18) Date

Regional Training Center Director Approval Date

Compliance Office Approval Date



STANFORD UNIVERSITY LIABILITY WAIVER

Institutional Liability Release

Assumption of Risk. Participant expressly understands and agrees that the use of the facility presents risks to Participant. These risks can include, among others (by way of example and without limitation): disease risks; health care; injury to the head, neck or spine; injury to the muscular or skeletal systems; injury to internal organs; scratches, bruises, strains, sprains, contusions, falls, fractures; physical violence; verbal abuse; loss or damage to sight, teeth or hearing; paralysis; concussions; brain damage; long and/or short-term disability; loss of income and/or career opportunities; serious injury and/or death. Participant is responsible for researching and evaluating the risks he/she may face and is responsible for his/her actions. Any activities that Participant will be considered to have been undertaken with Participant's approval and understanding of any and all risks involved.

It is Participant's intention that this assumption of all risks shall be legally binding and a complete bar to Participant, Participant's heirs, personal representatives, relatives and assigns. This assumption of risk applies to all activities arising out of, associated with or resulting directly or indirectly from Participant's participation in the Stanford Summer Program, including but not limited to those risks listed above.

Participant further recognizes, understands and agrees that Stanford does not assume responsibility for any liability as regards damage or injury that may be caused by Participant's negligence or willful acts committed in connection with the use of the facility, or any liability, damage or injury caused by others, including other participants.

Participant understands and agrees to abide by all Stanford policies, rules, and regulations.

Release of Claims. In consideration of using the facility, Participant agrees for Participant and on behalf of Participant's heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, to release and discharge Stanford of and from and acknowledges that there is no responsibility on the part of Stanford for any and all claims which may arise from any cause whatsoever, including any negligent act or omission by Participant, Stanford or others.

Participant intends that both the assumption of risk and the release of claims be complete defenses to any and all actions, claims or demands that Participant, Participant's heirs or legal representatives have or may have for injuries to person or property, including death, as a result of activities for which the participant has assumed risks and/or released claims.

Indemnification and Hold Harmless. Participant hereby agrees to indemnify, defend, and hold harmless Stanford from any injury, loss or liability whatsoever including reasonable attorneys' fees and/or any other associated costs, from any action, claim, or demand that Participant, Participant's heirs or legal representatives, has or may have for any and all personal injuries Participant may suffer or sustain, regardless of cause or fault as a result of, arising out of, associated with, or resulting directly or indirectly from Participant's use of the facility. ***This Indemnification and Hold Harmless Agreement is intended to be all encompassing.***

Physical Condition and Insurance. Participant attests that she/he is physically and mentally capable of participating in the use of the facility and has no known health restrictions that might jeopardize her/his safety or health or the safety or health of others during their use of the facility. Participant gives permission for Stanford or its representative to provide immediate and reasonable emergency care should it be required. Participant agrees to be solely responsible for payment in full of all costs of medical care she/he may receive.

By signing below, I, the above named athlete/trainee, acknowledge that voluntary participation in this sporting activity may expose me to hazards or risks that may result in my illness, personal injury, or death. I acknowledge that I am aware of the risks of injury with respect to my specific sport and knowledgeable concerning rules, equipment, and practices being employed to minimize my risk of significant injury while utilizing the resources at Stanford University. I agree to use all required protective equipment and follow all rules and instructions from university officials regarding safety. I have no known physical infirmities which could be worsened or aggravated by my participation and declare myself physically fit and in good medical condition to engage in all physical activities.

I understand and acknowledge that Stanford University is not liable for any medical treatment, costs, damage, loss or injury (including death) I may incur while participating in such activities, and I hereby release Stanford University, its Board of Trustees, officers, and employees from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs I may incur as a result of my decision to participate. I intend this release to be binding upon my heirs, executors, administrators, and assigns.

Further, in consideration of my use of Stanford University property, I agree that in the event of loss, damage, or destruction of any property that I use/borrow due to the negligence, misconduct, wrongful act or omission on my part, I will bear all cost to make whole the Stanford University Department of Athletics, Physical Education, and Recreation. I shall pay in the full cost of repair, reconstruction, or replacement of the Stanford University property. I further agree that such cost shall be determined by the Stanford University Department of Athletics, Physical Education, and Recreation and shall be payable in a time frame acceptable to the Stanford University Department of Athletics, Physical Education, and Recreation.

Insurance Authorization

By signing below, I understand that I am not covered by Stanford University Department of Athletics, Physical Education, and Recreation medical insurance.

Agent Involvement Confirmation

By signing below, I affirm that my access to Stanford facilities and contact with any current or incoming Stanford student-athletes will not be used in any way to assist any agent (as defined by NCAA Bylaw 12.02.1) or any individual affiliated with an agent in gaining access to current Stanford student-athletes. This includes, but is not limited to, arranging introductory meetings and/or inviting current student-athletes to parties hosted by agents (or any individual affiliated with an agent).

I understand that my involvement in such may jeopardize a student-athlete's eligibility and/or result in my privileges being revoked to ensure Stanford and its student-athletes are protected.

Provision of Benefits to Student-Athletes

By signing below, I affirm that I will not provide any form of extra benefits (as defined by NCAA Bylaw 16) to current student-athletes or incoming student-athletes. Examples of impermissible extra benefits include, but are not limited to, free or discounted:

- use of an automobile, bicycle, scooter, etc.
- holiday, birthday, graduation gifts (or for other occasions)
- gift cards
- tickets to an event (e.g., college or professional sporting event, concert, movies, etc.)
- use of laundry services
- lodging at home or apartment (including during university vacation periods)
- financial assistance, special financial arrangement, loan, or co-signing on a loan
- free or discounted fitness or conditioning training assistance.

By signing below, I agree that all information I have provided is accurate. In addition, by signing below, I agree to the terms and conditions set above in this agreement.

Signature of Athlete/Trainee Date

Signature of Parent/Guardian (if under 18) Date

Stanford University DAPER Use Only:

_____ <i>Head Coach</i>	_____ <i>Date</i>	Approved	Denied
_____ Sport Administrator	_____ Date	Approved	Denied
_____ Compliance Services	_____ Date	Approved	Denied

Notes: