



Renzo Gracie Academy
224 West 30th Street
New York, NY 10001
212.279.6724

I hereby give my consent for _____ to participate at the Renzo Gracie Academy in the martial art discipline of wrestling. I recognize the possibility of physical injury associated with wrestling, which may include but is not limited to paralysis, permanent mental disability, and death, and hereby release, discharge, and otherwise indemnify Renzo Gracie Academy, the coaches and associated personnel of the company against any claim by or on behalf of the wrestler named above as a result of that wrestler's participation in RGA July 11th Clinic with the US Olympic Team. I hereby authorize emergency transportation of the wrestler to a medical treatment facility should RGA Staff consider it to be warranted. By signing below, I acknowledge that I have read, understand, and accept the above contractual agreements.

Wrestlers Name:

Wrestler's Signature:

Date

Relation to Wrestler: Father Mother Guardian

Parent/Guardian Name (Please Print):

Parent/Guardian Signature:

Date: