In consideration of the use of the facilities of The Hill School, including the wrestling facility, grounds, gymnasium, swimming pool, athletic fields, basketball or tennis courts, or locker room/dressing/changing areas (the “Facilities”), by my minor child, registered above, as part of my child’s attendance at **Branch Life Church Summer Wrestling Camp**, I, the undersigned, as parent and natural guardian for said minor child, acknowledge and agree that:

1. I acknowledge that the nature and risk of injury from the use of the Facilities for club activities (collectively “Activities”) are significant, as are the risks of continuing to participate in Activities after any injury.

2. On behalf of my minor child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, from the use of the Facilities and/or participation in the Activities, EVEN IF THE RISKS ARISE FROM THE NEGLIGENCE OF any other individual or entity.

3. I, for myself and on behalf of my minor child, heirs, assigns, personal representatives and next of kin, HEREBY WAIVE ANY CLAIM OF LIABILITY AGAINST, RELEASE, INDEMNIFY, AND HOLD HARMLESS, **The Hill School and Branch Life Church**, its officers, agents, employees, and its and their successors and assigns (collectively “Releasees”) and other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the Activities, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE to person or property associated with my use of the Facilities or participation in or attendance at an Activity, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. This waiver and release shall include a waiver of subrogation against Releasees.

4. Parents and club participants agree to authorize The Hill School staff members on duty to render first aid for any minor injuries. The coach will call parents to report any injuries and parents may be required to pick up the participant for additional care, if needed.

5. This Acknowledgement of Risk and Waiver of Liability shall be governed by the laws of the Commonwealth of Pennsylvania. Any claims or disputes arising from participation in this program shall be submitted to the exclusive jurisdiction and venue of the Court of Common Pleas of Montgomery County, Pennsylvania or the United States District Court for the Eastern District of Pennsylvania.

I HAVE READ THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY. I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. BY CHECKING THIS BOX AND COMPLETING THIS REGISTRATION, I CONFIRM MY ACKNOWLEDEMENT AS DESCRIBED ABOVE.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Participant Printed Name:

Participant Signature: