



# STRONGHOLD WRESTLING ORGANIZATION

## MEMBERSHIP AGREEMENT

Membership includes access to all practices at both facility locations.

Additional family members receive a 20% discount.

**Membership Application** (All information below required for membership.)

Participant Name \_\_\_\_\_ Date \_\_\_\_\_ D.O.B. \_\_\_\_\_

Membership Holder/Responsible Party Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Membership Types:**( All monthly payments are draft from checking/savings account only.)

**\$250 2023 Youth Season** (One-time payment. Please specify payment type \_\_\_\_\_ Season includes all practices & locations from October- February.)

**\$100 12-Month Commitment** (Renews each year. No cancellation after the first 30 days of application or renewal. Provide draft info below.)

**\$150 No Commitment** (Cancellation available after first month draft. 30 day cancellation notice required for all memberships. Provide draft info below.)

Checking/Savings Number: Routing \_\_\_\_\_ Account \_\_\_\_\_

**Wrestling is a contact sport and injury is always a possibility. Stronghold Wrestling Club is not liable for any damage or injury that occurs to any participant regardless of circumstances. It is mandatory for every participant to have personal sports accident insurance. Personal sports accident insurance is obtained by becoming a member of the Amateur Athletic Union. Become a member of the Amateur Athletic Union by visiting [aausports.com](http://aausports.com)**

RELEASE OF LIABILITY: Member/Parent represents that he/she is in good physical condition and able to use Stronghold/Warrior Wrestling facilities. Member/Parent fully understands and agrees that participating at Stronghold/Warrior Wrestling facilities or programs therein is a possibility of accidental or other physical injuries. Member/Parent further agrees to assume the risk of such injury and agrees to indemnify and hold harmless Stronghold/Warrior Wrestling, LGCA Properties, LLC, Stronghold/Warrior Wrestling Club, or any employee, volunteer or otherwise, manager, trainer, or coach from any and all liability. Member/Parent agrees to be responsible for any damage caused by Member.

SOCIAL MEDIA RELEASE: Member/Parent is aware that their name or picture or voice may appear in a print advertisement or other promotional material or be shown on the internet on a Stronghold/Warrior Wrestling website or another website on which my picture can be seen on my voice heard on a recording and I hereby grant permission to Stronghold/Warrior Wrestling to use those pictures, voice, or name for these purposes.

RIGHT OF STRONGHOLD/WARRIOR WRESTLING TO TERMINATE AGREEMENT: Stronghold/Warrior Wrestling reserves the right to terminate any membership at any time for non-payment of fees, or for unacceptable behavior as determined by Stronghold/Warrior Wrestling, its management, and the Board of Directors. Upon any termination of membership, Member/Parent must pay all fees due and payable.

COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement

I understand that while Service Provider has undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with the Services, Service Provider is not responsible in any manner for any risks related to COVID-19 in connection with the Services. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation in the Services (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risks of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. Furthermore, I represent and warrant that I do not suffer from any medical condition or disease that might in any way hinder or prevent me from receiving the Services, including, to my knowledge, COVID-19. My signature below indicates that all information provided is 100% accurate and true to the best of my knowledge and I am the responsible party of participating minor/minors and that I agree to all payments required by membership agreement and I accept any and all conditions listed in the membership agreement.

Membership Holder/Responsible Party Signature: \_\_\_\_\_