

2011 Wrestling

Cost \$ 50



\* physical required annually

Registration Form, Release of Liability and Assumption of Risk Agreement

Participant's Name	Birth Date	Address	City, Zip Code	Home Telephone

Class/Teacher: CMP Coaches Date(s): Nov - Feb Time: Mon-Thurs 3:30-5pm } practice

Activity Description: Wrestling practices/meets/tournaments

Location: CMP/Varies Schools Transportation: provided by parent

Student Physical Involvement: physical contact

I understand that my child will be participating in a field trip as described above. At all times, California Montessori Project (hereinafter CMP) administrators, teachers, volunteers, and other staff seek to provide a safe environment and experience.

In providing consent for my child's participation, I acknowledge that certain known or unanticipated risks or danger of accidents resulting in an injury, accident, illness, or death may occur on this field trip. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

AGREEMENT, WAIVER, AND RELEASE

Consistent with Education Code Section 35330, and in consideration for being permitted by CMP to participate in the above activity, I hereby voluntarily waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of participation in said activity. This release discharges CMP, its officers, employees, and agents, from and against any and all liability arising out of or connected in any way with my participation in said activity. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if participant is under 18 years of age)

I hereby consent that my son/daughter participate in the above activity, and I hereby execute the above waiver, agreement, and release in his/her behalf. I state that said minor is physically able to participate in said activity. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CALIFORNIA MONTESSORI PROJECT AND I SIGN IT OF MY FREE WILL.

Parent/Legal Guardian (Please print) Signature Date

Daytime Phone Cell Phone Email

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Participants and parents/legal guardians hereby agree to abide by all rules, regulations and policies of CMP; and to follow the instructions of the CMP staff in charge of this activity.

Parent/Legal Guardian Signature Student Signature Date