



# Wrestling Open Gym

**Jefferson County  
Parks & Rec**



**Starts 12/2**

**Come join Jefferson County Parks & Recreation in a skill-building wrestling program geared toward having fun, learning the basics, and working on wrestling fundamentals. Improve technique in positioning, head position, advantage/top stance, and more. Come to all sessions, or drop in when you can. Whatever your skill level, you will have a great time!!**



**www.countyrec.com**

## Details:

- December 2nd—13th
- Mon/Wed/Fri
- 5:30 pm—6:30 pm
- 1st—6th grades
- \$10 up front or \$2 drop in
- PTHS Wrestling Room
- Registration deadline Nov 25
- Bring your own water bottle.

Participants First Name \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Grade (Fall 2019) \_\_\_\_\_ M \_\_\_ F \_\_\_ Birthday \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ - Zip \_\_\_\_\_

Parent/guardian One First Name \_\_\_\_\_ Last \_\_\_\_\_

Parent/Guardian Two First Name \_\_\_\_\_ Last \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies? (please describe) \_\_\_\_\_

### For more info:

**Contact: Ryan White  
rybo@olyopen.com**

**Please make checks  
payable to  
JCPR**

**www.countyrec.com**

**Please sign and complete both sides of this form**

**by 11/25 and return with payment to:**

Jefferson County Parks and Recreation  
623 Sheridan Street  
Port Townsend, WA 98368



Cash Amount	Check #	Date
<b>Please make checks payable to JCPR</b>		

Neither the Port Townsend, Chimacum, Quilcene, nor Brinnon School Districts sponsor this program and assumes no liability for it. In consideration of the privilege to distribute materials, the aforementioned Districts shall be held harmless from any cause of action filed in any court arising out of the distribution of these materials.

# Jefferson County Parks & Recreation Wrestling Open Gym 2019

(Please read carefully)

## Assumption of Risk, Release of Liability and Consent to Participate

1. All participants are advised that Jefferson County Parks and Recreation Programs (JCPR) may involve some strenuous physical activity. Some (such as sports, games, drills, climbing, hiking, swimming, or running), present a risk of injury higher than that which people normally face in their everyday lives. This risk of injury cannot be wholly relieved by any preventive measures, whether restrictive rules, training, equipment or personal discipline. The decision whether to engage in any particular activity that forms part of the overall program shall be entirely the participant's. Participation in the program in no way obligates anyone to engage in any activity they do not feel they can accomplish.
2. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death that arise from participation in the JCPR Program. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials of the JCPR in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown. I accordingly assume full and sole responsibility for my (or my minor child's) participation in the JCPR Program. I understand that I must report any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in JCPR Program, to the group leader before the program commences.
3. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge JCPR, and all of the employees, officers, volunteers or agents of those entities, including as well any third party sponsors of JCPR but not limited to damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the JCPR Program. This release applies whether the alleged injuries or damages arise from the negligence of any of the parties released in the previous sentence on not, to the fullest extent allowed by law.
4. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties released in Article 4 hereof from and against any and all liabilities arising from my participation in the JCPR Program. This undertaking to provide indemnity shall apply to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from that party's negligence.
5. On behalf of myself and on behalf of my minor child, we have read and understand the Concussion Information Sheet which is available on the Jefferson County Parks and Rec website ([www.countyrec.com](http://www.countyrec.com)) or available at the Rec Center 620 Tyler Street or the Public Works Office 623 Sheridan Street in Port Townsend.

(Fill in the blanks Below)

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I hereby consent to allow my child to participate in the JCPR Program under the terms as set forth in this Assumption of Risk, Release of Liability and consent Agreement. The JCPR Program for which this consent is given is called and is the Jefferson County Parks & Recreation Wrestling Open Gym. 2019



\_\_\_\_\_  
Signature of Parent or Guardian      Date

\_\_\_\_\_  
Signature of Participant (18 Years & Older)      Date

### PHOTOGRAPH – VIDEO CONSENT

*I hereby grant permission for myself or my child to be photographed or videotaped, without compensation, by JCPR, understanding that the same is intended for publication by print media, INTERNET newspaper, television, video or motion picture. I additionally consent to the use of my name in connection with the publication of photographs/video taken of me.*



\_\_\_\_\_  
Signature of Parent or Guardian      Date

\_\_\_\_\_  
Signature of Participant (18 Years and Older)      Date