

High Country Wrestling Camps Participation Waiver

High Country Wrestling Camps, LLC. is a separate entity from Appalachian State University.

By signing below, you agree as follows:

1. You and your child will comply with all instructions and directions of the Camp staff, Appalachian State University agents, employees or volunteers during you or your child's participation in any activity or program related to the Camp.
2. You understand the risk and danger to your child associated with participation in the Camp and do so voluntarily in reliance upon your own judgment. You knowingly and voluntarily assume all risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to, failure of anyone to enforce rules and regulations or inspect equipment or facilities, and negligence of other students, users or employees of the Camp or Appalachian State University.
3. You acknowledge that your child may participate in Camp workouts and you understand the Camp workouts are insured through the Camp, not Appalachian State University.
4. You agree to indemnify, defend, and save harmless the Camp, Appalachian State University, the University of North Carolina System, the State of North Carolina and their respective trustees, agents, employees and volunteers (hereinafter referred to as "indemnitees") from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by you or your child as a result of negligence on the part of the indemnitees or other participants, users or employees or harm to others that occurs as a result of you or your child's own negligence or intentional acts, during your child's participation in this Program or use of any Appalachian State University facility, including any travel to or from the activity site or during the Program, whether or not provided by the University.
5. You understand and agree that any photos and/or video taken of you or your child by the Camp or Appalachian State University may be used for the purpose of promoting the Camp, Appalachian State University or any other program of the University's in media that may

include printed material, web, social media and/or video. You agree to allow any image to be used for this purpose and that any likeness of you or your child may be disseminated for public release by Appalachian State University. You also waive the right to approve the final product or receive any compensation for the use of such photos or video.

I certify that I am at least eighteen (18) years of age and am the legal guardian or representative of the juvenile listed below. Facsimile or electronic versions of this Agreement shall have the same legal effect as originals, and all of which, when fully executed, shall constitute one and the same instrument.

Athlete Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

High Country Wrestling Camps, LLC
Medical/Indemnity/Code of Conduct Agreement
2024 Youth Programs and Camps

*In order to attend this youth program, this form must be **signed by a parent/guardian and signed by the participant**. Your child will not be allowed to participate in a youth program through High Country Wrestling Camps without this form being completed, signed and turned in at the youth program check-in. **The code of conduct is on the second page of this form.***

Youth Program/Camp Attending: _____ **Date(s):** _____

Participant Name: _____ **Date of Birth** _____

Address of parent or guardian: _____

Address City State Zip

School Name (If applicable) _____

EMERGENCY INFORMATION

Person to notify in case of emergency: _____
Name, Relationship

Emergency Phone: Day () _____ Night () _____ Cell () _____

Medical Information: Date of last Tetanus Immunization _____ Any allergies to medicine? Yes ___ No ___

If so, please list _____

Please list any current medications _____

Any current or past health conditions physicians/trainers should be aware of: _____

PARENT/GUARDIAN OF PARTICIPANT MUST SIGN BELOW IN ORDER FOR CHILD TO PARTICIPATE IN THIS YOUTH PROGRAM/CAMP

I hereby authorize any actions, which may be advised/ recommended by a trainer, physician or other health care provider attending my child during the youth program/camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this youth program/camp. I agree to indemnify and hold harmless High Country Wrestling Camps, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during youth program/camp, regardless of cause, including negligence on the part of any person identified above. I also give High Country Wrestling Camps permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the youth program/camp/university rules and regulations and the code of conduct developed for this youth program/camp. I have read the code of conduct on back of this form, and I further understand that my child's failure to adhere to the rules, regulations, and code of conduct may result in immediate dismissal from youth program/camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent/Guardian Name: _____ Signature: _____ Date: _____

YOUTH PARTICIPANT MUST SIGN BELOW IN ORDER TO PARTICIPATE IN THIS YOUTH PROGRAM/CAMP

I understand that as a participant of this youth program/camp I must abide by the youth program/camp/university rules and regulations and the code of conduct developed for this youth program/camp. I also understand that if I fail to adhere to the rules, regulations, and code of conduct it may result in my immediate dismissal from youth program/camp, with no refund, and my parents/guardians will be responsible for providing transportation home once I have notified them of my dismissal from the youth program/camp.

Participant Name: _____ Signature: _____ Date: _____

(Optional) Watauga Medical Center recommends (does not require) that this form be notarized to expedite medical treatment of your son or daughter by health care providers

State of _____ County of _____, I, _____, a Notary Public of said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal this the _____ day of _____, 20____. Notary Public
My commission expires: _____ **(Optional) NOTARIAL SEAL:**

Do Not Mail

IN ORDER TO PARTICIPATE IN CAMP YOU MUST BRING THIS TO COMPLETED FORM TO CHECK-IN

High Country Wrestling Camps, LLC

2024 Youth Programs and Camps Code of Conduct

I agree to conduct myself in a manner that will be a credit to me, my community, my school, my team, and family.

I _____ will:

Participant Name (Printed First and Last)

- 1) Understand and obey all rules and regulations issued by the youth program/camp director and High Country Wrestling Camps.
- 2) Demonstrate cooperation and respect to youth program/camp staff, participants, employees, and visitors.
- 3) Show respect for the rights, privacy, and property of others. This includes refraining from harassment – unwelcome or unsolicited speech or conduct – of all persons on campus regardless of their race, religion, color, creed, sex, national origin, sexual orientation, or disability.
- 4) Recognize that hazing of any kind is strictly prohibited.
- 5) Not possess or use any alcohol, tobacco, or drugs during the youth program/camp (unless prescribed by a physician).
- 6) Comply with the schedule of all youth program/camp functions, including, but not limited to, events, meals, quiet hours, and curfews.
- 7) Take responsibility for my personal property, room key (paying for if lost), meal/access card, agree to secure my room at all times, and will pay for any damages to property while attending the youth program/camp.
- 8) Understand that all facilities and residence halls not used by my youth program/camp/conference are strictly off limits, and that I am not allowed to leave campus without permission and supervision.
- 9) Take responsibility for my safety by traveling in pairs and/or groups both on and off campus.
- 10) Support my team members and take responsibility for my team's actions.
- 11) I understand that if I do not follow the rules, regulations, and code of conduct for this youth program/camp, I may be dismissed from the youth program/camp with no refund.

The name of the **SCHOOL** or **TEAM** I represent is: _____

By signing below, I agree to follow the Code of Conduct developed for High Country Wrestling Camps.

Participant Signature: _____ Date: _____