



## COACH REGISTRATION

*Malecek Team Wrestling Camp*

*June 23-26, 2025*

\*NO REFUNDS are available for athlete or coach drops after MAY 23, 2025. After that date, your team will be charged even if you do not to come to camp.

Coach Name\*

First

Last

T-shirt Size\*

(selec... ☐

School/Team\*

Cell #\*

### ##

Email\*

Coach Address

Street Address

City

Zip Code

United States ☐

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name\*

Emergency Contact Cell #\*

### ##

### ACKNOWLEDGEMENT OF MALECEK WRESTLING TEAM CAMP RULES

My team and I agree to follow all [Malecek Team Camp Rules](#) and accept that failure to do so may result in immediate expulsion from camp. I also acknowledge that my team will be responsible for any damages or destructive behavior they participate in committing at the resort and/or wrestling facility.

#### *Malecek Wrestling Team Camp Rules Agreement*

☐ I have read and agree to abide by Malecek Team Camp Rules.

### WIAA COACH CONCUSSION AGREEMENT

As a coach it is important to recognize the signs, symptoms, and behaviors of concussions. By checking the box (below) and signing the *Release* section of this form, you are stating that you have read the Wisconsin Interscholastic Athletic Association (WIAA) [Coach Concussion and Head Injury Information](#) document and understand the importance of recognizing and responding to the signs, symptoms & behaviors of a concussion or head injury.

I have read, understand and agree to abide by all of the information contained in the above named materials (i.e., [WIAA-Concussion and Head Injury Information](#) document). I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, behaviors, and risks of sport related concussion. I agree that an athlete must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to inform the parent/guardian if I suspect a concussion or if a suspected concussion is reported to me. I understand that an athlete cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of an athlete returning to practice/play too soon.

## *Coach Concussion Agreement*

- ☐ I agree to the Coach Concussion Agreement above and have reviewed all WIAA-Concussion and Head Injury Information.

## **WAIVER AND RELEASE**

In consideration of permission given by Malecek Team Wrestling Camp, LLC (herein "MTWC") to the Coach to participate in MTWC activities, the Undersigned does hereby agree as follows:

### **1. Medical Information**

a. Undersigned shall complete the Medical History attached hereto and incorporated herein by reference. Undersigned acknowledges he/she has been advised to consult with a physician before Coach begins any physical exercise program. The undersigned represents and warrants that Coach has no known health issues or pre-existing conditions that would limit Coach's training or activity level. Undersigned shall notify MTWC of any injuries, whether or not related to athletic activities, and changes to Coach's Medical History.

b. Undersigned acknowledges that MTWC is not equipped to respond to certain medical events, including but not limited to seizures and severe allergic reactions. MTWC reserves the right to require a parent, legal guardian or adult team coach to remain on premises during MTWC activities when Coach is present.

c. The undersigned authorizes MTWC to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary, in MTWC's sole discretion, for Coach's immediate care. The undersigned further agrees that he/she will be responsible for payment of any and all medical services rendered on behalf of Coach.

### **2. Roster/Photo/Video Release.**

The Undersigned consents to the release of Coach's name, phone number, and email to third party participants in MTWC. The Undersigned acknowledges that MTWC may videotape or photograph during MTWC activities. The Undersigned grants MTWC the right to photograph or videotape during MTWC activities. The Undersigned grants MTWC the right to photograph or otherwise record the Coach and further to use the Coach's face, name, likeness, voice, and appearance for MTWC purposes without reservation or limitation, including advertising and promoting MTWC.

### **3. Assumption of Risk.**

Undersigned acknowledges that participation in MTWC activities, including but not limited to, MTWC events and travel to and from said events, may subject the Undersigned to risk of personal injury, illness, death, and damage to property. Undersigned freely, voluntarily and with full knowledge of such risks assumes the risk of personal injury to coach and property damage arising from or in any way connected with participation in MTWC activities.

Communicable disease/COVID-19 – Undersigned acknowledges exposure risks arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. Participation (including coaching) in MTWC activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. The risk of serious illness and death does exist. MTWC cannot and does not guarantee, warrant, or represent that participants and coaches will not contract a communicable disease, including but not limited to COVID-19, as a result of participation in MTWC activities.

### **4. Release of All Claims.**

Undersigned releases, individually and cumulatively, MTWC and its officers, employees, coaches, and members (herein after "Released Parties") from any and all claims, demands, actions and right of action, of every kind or nature, arising from or in any way connected with participation in MTWC activities. The Released Parties shall not be responsible or liable for the Coach's death, injury or property damage arising from or in any way connected with Coach's participation in MTWC activities, whether or not said death, injury or property damage results from any negligent act or omission on the part of any Released Party. This is a complete and irrevocable release and waiver of liability.

### **5. Indemnification.**

Undersigned and Undersigned's heirs, executors, and assigns shall defend and indemnify the Released Parties against any and all claims, demands, actions, rights of action, suits, debts, damages, liabilities, expenses and fees of every kind, description or nature incurred and/or arising from any actual or claimed negligent or wrongful act or omission of the Released Parties arising from or in any way connected with Undersigned's participation in MTWC Activities.

### **6. Participation.**

Participation in MTWC activities is a privilege, not a right. MTWC may deny any person admittance to MTWC activities. Undersigned shall comply with all of the rules and regulation promulgated by MTWC from time to time for program participation and use of equipment and facilities.

## 7. Concussion Agreement.

As a coach it is important to recognize the signs, symptoms, and behaviors of concussions. The undersigned acknowledges having read the Wisconsin Interscholastic Athletic Association (WIAA) [Coach Concussion and Head Injury Information](#) document and understands the importance of recognizing and responding to the signs, symptoms & behaviors of a concussion or head injury.

### *Coach Waiver and Release Agreement*

☐ I have reviewed and agree to the Waiver and Release statement listed above.

Coach Name\*

First

Last

Copy of Date\*

MM/DD/YYYY ☐

Coach Signature – Release Agreement\*

Replace this with a title or description

SUBMIT FORM