



# Lehigh Valley Wrestling Club Regional Training Center Participant Approval

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Are you currently a USA Wrestling member?  Yes  No Member # \_\_\_\_\_

*If you answered **no** you must become a member of USA wrestling before you can attend a Lehigh Valley Wrestling Club Practice.*

**Criteria met that qualifies you to participate in RTC practices (write number) \_\_\_\_\_**  
*See next page for qualifying criteria*

**Please check the appropriate boxes below:**

Do you recognize this Regional Training Center as your primary training site?  Yes  No

My Residence is within 250 miles of the Regional Training Center

This Regional Training Center is outside 250 miles from my residence but is the closest

Age Group:

Younger than a prospective student-athlete: currently entering the 8<sup>th</sup> grade or youngerProspect:

Currently in or entering grades 9-12

High school Wrestling Season Dates. Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Current college student-athlete: List institution \_\_\_\_\_

Completed undergraduate education: List institution \_\_\_\_\_

Other: Please describe \_\_\_\_\_

By signing below, I verify that I/my child is physically able to participate in RTC workouts. I hereby authorize the staff of the Lehigh Valley Wrestling Club (LVWC) to act according to their best judgment in any medical emergency. I waive and release LVWC from any liability, injuries or illness incurred while participating in these workouts and acknowledge that use of the facilities of Lehigh University at my/their own risk. LVWC, Lehigh University or any member of their respective staffs shall not be liable for any damages.

I certify that I will follow all NCAA, USA Wrestling, and Lehigh rules and regulations regarding participation with the Regional Training Center at Lehigh University. Furthermore, I understand participation is voluntary and I may withdraw from participation with the Regional Training Center at any time.

\_\_\_\_\_  
Applicant Signature Date Parent Signature (if applicant is under 19)

\_\_\_\_\_  
RTC Director Approval Date Compliance Office Approval Date



## RTC Participation Criteria

All wrestlers participating in the RTC practice must be current athlete member of USA Wrestling and must meet one of the stated criteria below. All RTC athletes must be in good standing with the both the RTC and the RTC host site.

1. Won at least one match at a Senior USAW World or Olympic Team Trials
2. Placed top 8 at USAW Senior Open Championships
3. Placed top 8 at USAW U23 National Championship
4. Placed top 8 at UWW Junior National Championship
5. Placed top 8 at USAW Junior National Championship
6. Placed top 4 at USAW Junior Regional
7. Placed top 8 at USAW 16U National Championship
8. Placed top 8 at UWW Cadet National Championship
9. Placed top 6 at USAW State Junior Freestyle/Greco-Roman Championships
10. Placed top 6 at USAW State 16U Freestyle/Greco-Roman Championships
11. Placed top 4 at USAW Senior Regional
12. Placed top 4 at New York Athletic Club International
13. Placed top 4 at Dave Schultz Memorial International
14. Competed in a Continental Championships/Games, World Championships/Games at any age level
  - a. 5 year criteria does NOT apply
15. Any veteran athlete who has represented the U.S. within the last two years at the Veteran's World Championships or is scheduled to compete at the next world championship event
16. Waivered, first year collegiate athlete (**entered college in fall 2020**) who was unable to compete because of USA Wrestling events cancelled due to Covid-19.
17. "Grandfather" clause will apply to any previously RTC rostered (**prior to September 2020**) athlete who met the "Top 4 Finish at a State Folkstyle Tournament" criteria.

International athletes/coaches who currently represent a country other than the U.S. may attend on a limited basis based on approval of the NGB and RTC. These individuals must be of similar competitive caliber. These individuals may attend on an intermittent basis in order to enhance national team development.

***Please attach documentation that:***

***(1) confirms the above achievement and (2) includes the date of the achievement***



## LEHIGH UNIVERSITY LIABILITY WAIVER

### Institutional Liability Release

**Assumption of Risk.** Participant expressly understands and agrees that the use of the facility presents risks to Participant. These risks can include, among others (by way of example and without limitation): disease risks; health care; injury to the head, neck or spine; injury to the muscular or skeletal systems; injury to internal organs; scratches, bruises, strains, sprains, contusions, falls, fractures; physical violence; verbal abuse; loss or damage to sight, teeth or hearing; paralysis; concussions; brain damage; long and/or short-term disability; loss of income and/or career opportunities; serious injury and/or death. Participant is responsible for researching and evaluating the risks he/she may face and is responsible for his/her actions. Any activities that Participant will be considered to have been undertaken with Participant's approval and understanding of any and all risks involved.

**It is Participant's intention that this assumption of all risks shall be legally binding and a complete bar to Participant, Participant's heirs, personal representatives, relatives and assigns. This assumption of risk applies to all activities arising out of, associated with or resulting directly or indirectly from Participant's participation in the Lehigh Facilities, including but not limited to those risks listed above.**

Participant further recognizes, understands and agrees that Lehigh does not assume responsibility for any liability as regards damage or injury that may be caused by Participant's negligence or willful acts committed in connection with the use of the facility, or any liability, damage or injury caused by others, including other participants.

Participant understands and agrees to abide by all Lehigh policies, rules, and regulations.

**Release of Claims.** In consideration of using the facility, Participant agrees for Participant and on behalf of Participant's heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, to release and discharge Lehigh of and from and acknowledges that there is no responsibility on the part of Lehigh for any and all claims which may arise from any cause whatsoever, including any negligent act or omission by Participant, Lehigh or others.

Participant intends that both the assumption of risk and the release of claims be complete defenses to any and all actions, claims or demands that Participant, Participant's heirs or legal representatives have or may have for injuries to person or property, including death, as a result of activities for which the participant has assumed risks and/or released claims.

**Indemnification and Hold Harmless.** Participant hereby agrees to indemnify, defend, and hold harmless Lehigh from any injury, loss or liability whatsoever including reasonable attorneys' fees and/or any other associated costs, from any action, claim, or demand that Participant, Participant's heirs or legal representatives, has or may have for any and all personal injuries Participant may suffer or sustain, regardless of cause or fault as a result of, arising out of, associated with, or resulting directly or indirectly from Participant's use of the facility.  
***This Indemnification and Hold Harmless Agreement is intended to be all encompassing.***

**Physical Condition and Insurance.** Participant attests that they are physically and mentally capable of participating in the use of the facility and has no known health restrictions that might jeopardize their safety or health or the safety or health of others during their use of the facility. Participant gives permission for Lehigh or its representative to provide immediate and reasonable emergency care should it be required. Participant agrees to be solely responsible for payment in full of all costs of medical care she/he may receive.

By signing below, I, the above-named athlete/trainee, acknowledge that voluntary participation in this sporting activity may expose me to hazards or risks that may result in my illness, personal injury, or death. I acknowledge that I am aware of the risks of injury with respect to my specific sport and knowledgeable concerning rules, equipment, and practices being employed to minimize my risk of significant injury while utilizing the resources at Lehigh University. I agree to use all required protective equipment and follow all rules and instructions from university officials regarding safety. I have no known physical infirmities which could be worsened or aggravated by my participation and declare myself physically fit and in good medical condition to engage in all physical activities.

I understand and acknowledge that Lehigh University is not liable for any medical treatment, costs, damage, loss or injury (including death) I may incur while participating in such activities, and I hereby release Lehigh University, its Board of Trustees, officers, and employees from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs I may incur as a result of my decision to participate. I intend this release to be binding upon my heirs, executors, administrators, and assigns.

Further, in consideration of my use of Lehigh University property, I agree that in the event of loss, damage, or destruction of any property that I use due to the negligence, misconduct, wrongful act or omission on my part, I will bear all cost to make whole the Lehigh University Department of Athletics, I shall pay in the full cost of repair, reconstruction, or replacement of the Lehigh University property. I further agree that such cost shall be determined by the Lehigh University Department of Athletics and shall be payable in a time frame acceptable to the Lehigh University Department of Athletics.

### Insurance Authorization

By signing below, I understand that I am not covered by Lehigh University or Lehigh University Department of Athletics medical insurance.

By signing below, I agree that all information I have provided is accurate. In addition, by signing below, I agree to the terms and conditions set above in this agreement.

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Signature of Athlete/Trainee

Date

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Signature of Parent/Guardian (if under 18)

Date



**This section is to be completed by post college RTC athletes**

**Agent Involvement Confirmation**

By signing below, I affirm that my access to Lehigh facilities and contact with any current or incoming Lehigh student-athletes will not be used in any way to assist any agent (as defined by NCAA Bylaw 12.02.1) or any individual affiliated with an agent in gaining access to current Lehigh student-athletes. This includes, but is not limited to, arranging introductory meetings and/or inviting current student-athletes to parties hosted by agents (or any individual affiliated with an agent). I understand that my involvement in such may jeopardize a student-athlete's eligibility and/or result in my privileges being revoked to ensure Lehigh and its student-athletes are protected.

**Provision of Benefits to Student-Athletes**

By signing below, I affirm that I will not provide any form of extra benefits (as defined by NCAA Bylaw 16) to current student-athletes or incoming student-athletes.

Examples of impermissible extra benefits include, but are not limited to, free or discounted:

- Use of an automobile, bicycle, scooter, etc.
- Holiday, birthday, graduation gifts (or for other occasions)
- Gift cards
- Tickets to an event (e.g., college or professional sporting event, concert, movies, etc.)
- Use of laundry services
- Lodging at home or apartment (including during university vacation periods)
- Financial assistance, special financial arrangement, loan, or co-signing on a loan
- Free or discounted fitness or conditioning training assistance.

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Signature of Athlete/Trainee

Date