

Sign Up

We reserve the right to refuse to training any individual we deem unsuitable. If trainees break the club rules they will be asked to leave. If you suffer from any medical issues that may be aggravated by wrestling training we recommend seeking medical advice before joining. Please be aware that wrestling training is a contact activity and it is very possible to sustain injury. By signing up you agree that you are aware of the nature of wrestling and the Fusion Pro Wrestling takes no responsibility for injuries sustained whilst training. We retain the rights to use photos of training and trainees for publicity purposes, by signing you also agree to this.

Waiver of Liability

By undertaking wrestling training under banner of FUSION Pro Wrestling (including the names FUSION Pro Wrestling Academy, FUSION Pro Academy, Conwy County Wrestling or the acconisms CCW,FPW) I hereby agree to the following; I shall not hold the aforementioned responsible for an injury or accident resulting from ordinary negligence. I will also not hold any trainer, or individual responsible for any injury or accident resulting from ordinary negligence. Any medical conditions that could be affected by training must be disclosed to the aforementioned. The aforementioned recommends medical advice before training with a medical condition. Anyone training with the aforementioned and doing so with a medical condition does so at their own risk and the aforementioned and associated trainers take no responsibility for injury, accident or worsening of said condition. Please fill in all your details before attending a session, by filling in your details and submitting your form, you agree to the above conditions and do not hold FUSION Pro Wrestling, or any of its sister groups, trainers or associates responsible for any injury sustained while engaged in any sort of training, exercise, fitness or wrestling activity or any activity carried out at wrestling events or training sessions.

Please note: Public liability insurance does not cover trainees in the event of sustaining injury through wrestling. We ask that all trainees purchase personal injury insurance (related to contact sports) before they begin training at FUSION Pro.

I agree to allow FUSION Pro Wrestling to hold my personal details.

Name:

Email Address:

D.O.B: Contact no:

Gender:

Emergency Contact:

Emergency Contact Address:

Emergency Contact No:

Do you have a criminal record? (if so, please detail):

Do you have any medical conditions? (if so, please detail):

Signed:

If the applicant is under 16 years old, please fill in this form

Parental Consent:

I can confirm that I am the legal parent/guardian of _____ and that I have read the terms, rules and conditions as laid out above, and agree to them as written. I give my full consent to take part in events related to FUSION Pro Wrestling, including training and live wrestling events. I am aware that wrestling is a very dangerous activity and agree for the aforementioned individual to undergo training and wrestling with FUSION Pro Wrestling.

Print:

Sign:

Date:

Relationship to applicant: