



*Fighting Spirit Pro Wrestling:*  
*Paradigm Martial Arts Centre, 100 Sefton*  
*Lane, Maghull, L31 8BT*  
*Email:*  
[Admin@FightingSpiritWrestling.co.uk](mailto:Admin@FightingSpiritWrestling.co.uk)  
*Web:* [www.FightingSpiritWrestling.co.uk](http://www.FightingSpiritWrestling.co.uk)

I accept that the practice and training of Professional Wrestling entails inherent risk of injury, aggravation of prior and sustained injuries over time and in a minority of cases death.

I accept these risks and will not, without proof of negligence, hold my trainer, school, promotion, Fighting Spirit Pro Wrestling or it's proprietor(s) responsible for any resulting injury sustained or aggravated during the course of my training or performance of Professional Wrestling.

I will at all times and to the best of my ability follow the guidance and advice of my trainer, school, promotion, Fighting Spirit Pro Wrestling and it's proprietor(s) for my own safety and the safety of those involved. I understand that failure to do so illustrates neglect on my part to take responsibility for my own health and safety, as well as the health and safety of others.

I will do all I can to aid my trainer, school, promotion, Fighting Spirit Pro Wrestling and it's Proprietor(s) in their obligations with all statutory requirements for health, safety and welfare.

I will inform my trainer, school, promotion, Fighting Spirit Pro Wrestling, or it's proprietor(s) as appropriate should I develop any injury or illness which may affect my ability to train or perform.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Guardian Consent (Under 18's Only)**

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Trainee Information Sheet

Full Name:	
Date of Birth & Age:	
Contact Number(s):	
Email:	
Insurer:	
Medical Issues: (Please detail)	
<u>Emergency Contact 1</u> Name:	
Number:	
Relationship:	
<u>Emergency Contact 2</u> Name:	
Number:	
Relationship:	
<p>The information above was correct at time of completion. I will inform Fighting Spirit Pro Wrestling of any changes to the above information.</p> <p>Print Name:</p> <p>Signed: <span style="float: right;">Date:</span></p>	