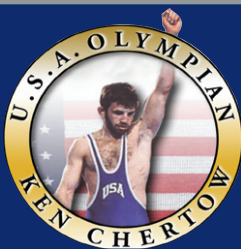


U.S. OLYMPIAN KEN CHERTOW CLINIC



Wrestlers of all ages from any school or club are welcome!

PARENTS/COACHES: You are welcome to attend the clinic for free, as well as video tape the clinic or help your wrestler.

Email CAMPS@KenChertow.com to get enrolled or learn more.

ABOUT COACH CHERTOW:

- U.S. Olympian
- 3x Academic All American and 3x NCAA All American at Penn State
- Coached at Penn State and Ohio State

KEN CHERTOW CLINICS

Technique Instruction - In a wide variety of important areas.

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Gold Medal Training Camp

State College, PA | July 14 - 24

Penn State Ramada Inn Convention Center

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AdvoCare Nutritional Products work for both wrestlers and anyone looking to get in better shape through proper diet and exercise. Parents and Coaches: Jump start your weight loss plan and get healthier with AdvoCare's 24-Day Challenge!



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Chertow Clinic Application

WRESTLERS' NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

WRESTLER'S E-MAIL: _____

AGE: _____ WEIGHT: _____ SCHOOL/CLUB: _____

PARENT'S E-MAIL: _____

COACH: _____

COACH'S E-MAIL: _____

WE AUTHORIZE OUR CHILD OR WARD TO BE TREATED BY A LICENSED PHYSICIAN, EMT, REGISTERED NURSE, PHYSICIAN'S ASSISTANT, DENTIST, OR ATHLETIC TRAINER, IF NECESSARY, WHILE ATTENDING CAMP. IN SUBMITTING THIS ENTRY, WE WAIVE, RELEASE, AND FOREVER DISCHARGE CHERTOW, KEN WRESTLING, INC. T/D/B/A KEN CHERTOW'S GOLD MEDAL WRESTLING CAMP ("CAMP"), HTC, AND ALL CAMP DIRECTORS AND STAFF, AND THE HOST FACILITY FOR AND FROM ANY AND ALL INJURIES, LOSSES, OR OTHER DAMAGES SUFFERED BY OUR CHILD OR WARD OR US AT THIS CAMP, WHILE TRAVELING TO AND FROM THIS CAMP, OR WHILE PARTICIPATING IN THIS CAMP. WE AGREE TO INDEMNIFY AND HOLD CAMP, AND ALL CAMP DIRECTORS AND STAFF, AND THE HOST FACILITY, HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS OR DEMANDS, INCLUDING REASONABLE ATTORNEYS' FEES, MADE BY ANY THIRD PARTY, TO INCLUDE OUR CHILD OR WARD, DUE TO OR ARISING OUT OF OUR CHILD OR WARD'S PARTICIPATION IN THIS CAMP. WE ACKNOWLEDGE THAT PARTICIPATION IN THIS CAMP POSES RISKS FOR OUR CHILD OR WARD, AND WE REPRESENT THAT OUR CHILD OR WARD IS PHYSICALLY ABLE TO PARTICIPATE IN THIS CAMP, AND HAS TRAINED SUFFICIENTLY TO DO SO.

PARENT'S SIGNATURE _____ DATE _____

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