



# VOUGAR'S HONORS WRESTLING CLINIC \*SUMMER SESSION\*

## Coaching Staff:

*Vougar Oroudjov*- (2x World Champ, Olympic Bronze Medalist)

*Carlos Restrepo*- (2x NCAA D3 All American, NCAA D3 National Finalist)

*Nick Arujau*- (NYS Champion, High School All-American, Collegiate Athlete)

*Jakob Restrepo*- (NYS Champion, High School All American, Collegiate Athlete)



Follow us on Instagram!  
[@suffolkvhwrestling](#) &  
[@vougarhonorwrestling](#)



Sachem High School East  
177 Granny Rd,  
Farmingville, NY 11738  
Contact:  
[losadios125@gmail](mailto:losadios125@gmail.com)  
(631)-748-8616  
(Carlos Restrepo)

PRICING:  
\$250 Check payable to  
VHW or CASH payment

Register on site from May  
30th – June 6th from 6-6:30 or  
Pre-register by filling out  
backside of flyer & mail to:  
126 Rosemont Ave  
Farmingville NY 11738

\*YOU MUST HAVE A USA  
INSURANCE CARD.  
AVAILABLE ONLINE @  
(THEMAT.COM)\*

“WINTER IS COMING”

10 Week Program

May 30<sup>th</sup>- Aug 1<sup>st</sup>

Tuesdays and Thursdays

(6:30-8:00 PM)

Grades 3rd-12th

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT**

**I Optional (RECOMMENDED) Secondary Insurance Information**

**Coverage for members of USA Wrestling (Go to: [www.usawmembership.com](http://www.usawmembership.com) to sign up for annual membership).**

- \$50,000 maximum Accident Medical Expense benefit limit with following sub-limits:
    - Accidental Dental – \$50,000
    - Physical Therapy – \$50,000
    - Orthopedic Appliance – \$50,000
- If you're not sure what level of membership you hold, please login to your account at [www.usawmembership.com](http://www.usawmembership.com) or call our membership department at (719) 598-8181
- **Claims must be filed with primary medical carrier first (if applicable)**
  - **There is a \$500 out-of-pocket deductible per injury.**
    - **Payments made by insurance do not apply to your deductible**
    - Out-of-pocket payments that apply to your primary insurance deductible count toward secondary sports accident deductible
  - Coinsurance rate is 80% / 20% on the first \$10,000 after the deductible. Thereafter, claims are paid at 100% up to the maximum benefit amount.
  - Maximum out-of-pocket expense is \$2,500 per injury (\$500 deductible + \$2,000 coinsurance)

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**I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION ON RECOMMENDED SECONDARY INSURANCE. I ACKNOWLEDGE THAT I AM KNOWINGLY DECLINING COVERAGE AND AM THEREFORE, RESPONSIBLE FOR ANY MEDICAL EXPENSES (including co-pays) INCURRED DURING THE UNDERSIGNED'S PARTICIPATION IN THIS CLUB.**

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**II MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)**

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

I ALSO UNDERSTAND AND AGREE THAT THE SACHEM CENTRAL SCHOOL DISTRICT, GOLDS GYM ISLIP, AND ITS FACILITIES/ADMINISTRATION/EMPLOYEES ARE NOT AFFILIATED WITH AND BEAR NO RESPONSIBILITY TO ANY COMMUNICATIONS AND/OR OCCURENCES STEMMING FROM OR RELATED TO ACTIVITIES CONDUCTED BY ANY INDEPENDENT ORGANIZATIONS.

PARTICIPANT NAME: \_\_\_\_\_

ADDRESS: (Street/City) \_\_\_\_\_ (Zip) \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CONTACT INFO: (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

INSTAGRAM USERNAME: \_\_\_\_\_