



## Spring/Summer Wrestling 2010!

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

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

USA number: \_\_\_\_\_

School: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Received Payment (\$20): \_\_\_\_\_ Coach initials: \_\_\_\_\_

### **Parental Release/Waiver and Hold Harmless; Consent for treatment**

I, the undersigned, parent and/or legal guardian of \_\_\_\_\_ (print participant's name) on \_\_\_\_\_ (date) hereby consent and agree to the participation of my child/ward and promise to release, save and hold harmless West Bend Wildcat Wrestling, including all officers, board members, agents, directors, coaches and volunteers (hereinafter collectively identified as "West Bend Wildcat Wrestling"), from any and all claims of injury, damage, demands, and causes of actions whatsoever, including costs and attorney's fees, arising out of any act or omission, or alleged act or omission of West Bend Wildcat Wrestling or arising out of any activities associated with my child/ward's participation in programs administered, promoted or sponsored by West Bend Wildcat Wrestling. I further agree to save and hold harmless West Bend Wildcat Wrestling from any such claims made as a claimed subrogated right to recovery against West Bend Wildcat Wrestling and promise to indemnify West Bend Wildcat Wrestling for any subrogated or assigned claim.

I hereby affirmatively represent that my child is physically well and able to participate in the activities of West Bend Wildcat Wrestling. I understand that there are risks inherent in wrestling activities, including the risk of physical injury, disability or death; and I assume such risks on behalf myself and on behalf of my child/ward.

I hereby authorize West Bend Wildcat Wrestling to act for me according to its judgment in any medical emergency which occurs while I am not available, and it is the judgment of West Bend Wildcat Wrestling that medical care should be sought for and given to my child/ward. In the event of such an emergency, I give West Bend Wildcat Wrestling my permission to administer first aid and/or obtain medical treatment. I agree to pay all expenses incurred due to such medical emergency.