

DEL VAL WRESTLING

Round Robin Wrestling Waiver Form

Wrestler Name: _____ Date: _____

Date of Birth: _____ School: _____

Address: _____

I hereby give my child permission to participate in the Round Robin event at Del Val. I am aware that injuries may occur due to this activity and that I will not hold any parties connected with this activity responsible for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

For this event sponsored by the by the Del Val Wrestling Foundation & the Del Val Terrier Wrestling Club: I waive any right, legal or equitable, to claim damages for any loss to person or property occasioned by participation in such program, and further agree not to hold the Del Val Wrestling Foundation, the Del Val Terrier Wrestling Club, Del Val high school coaches and youth coaches, and other Del Val based organizations, Delaware Valley High School, which includes their administration and BOE, officers, agents, servants, employees, or sponsors liable in any way, measure, or form for the payments of such damages, and does hereby waive the said persons from liability on account of any injury to person or property.

DISCLAIMER: Please note that the Del Val Wrestling Foundation, and the Del Val Terrier Wrestling Club are not affiliated or endorsed by any elementary or high school. They are independent non- profit organizations.

In case of emergency, I hereby authorize the listed Physician and/or their covering physicians or, in the event these persons cannot be reached, the emergency physician on duty at the hospital to provide emergency treatment to our child.

Insurance Information: Delaware Valley Wrestling Foundation and The Terrier Wrestling Club do not provide medical insurance for athletes. In the event of illness or injury requiring treatment, hospitalization, family medical insurance must be used.

Parent/Guardian (Please Print)

Parent/Guardian (Signature)

Parent/Guardian Phone