

Medical Release/Liability Form

I verify that _____ is physically able to participate in the wrestling practice and competition which included technique, drilling, scrimmage wrestling, and fitness sessions, in this wrestling association, camp or practice. I hereby authorize the directors and coaches of the club, camp, or practice to act accordingly to their best judgement in an emergency requiring medical attention for illness or injury. I hereby waive and release Mifflin County Elementary Wrestling Association from any illness or injury while attending this club, clinic, camp, or wrestling practice.

As condition of enrollment the following disclaimer of liability must be signed and dated by the wrestlers' parent/guardian.

The wrestler attending and/or participating in the wrestling association, camp, or practice, does so at his/her own risk. The association, coaches and staff shall not be liable for any damages arising from personal illness or injury sustained by the wrestler while participating in this association, camp, or practice. The wrestler and parent/guardian assume all responsibility for any damages, injuries, or illness which may occur to the wrestler during this association season and practice sessions and so hereby fully and forever exonerate and discharge the directors, staff, coaches, owners, board members and any agents from any and all claims, demands, damages, rights of action or causes of action, present and future, whether the same be anticipated or unanticipated resulting from or arising out of wrestlers participation in this association, camp, or practice.

Parent/Guardian

Print Name _____

Signature _____ Date _____