

## **Emergency Medical Release & Liability Waiver**

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Wrestler's Name		Birthdate		
Week/Weekend Attending				
Parent/Guardian				
Home Phone	Cell Phon	e		
Address	City	St_	Zip	,
For good and valuable consideratio indicated above, the parent(s) and/o				period
1. I/WE hereby agree and acknowled voluntary, and fully understand and and its training elements which could	acknowledge that there are dange	rs and risks of injury i		
2. I/WE voluntarily accept and ass from my minor child's participation disability, paralysis or death, (2) ecc caused by or may arise from my m damages resulting from the same.	n in SWA Wrestling Camps, LLC, conomic losses, including medical b	including: (1) personal ills and lost wages, an	al injury, including bodily ind (3) any other risks that m	injury, nay be
3. I/WE HEREBY RELEASE, Werestling Camps, LLC and its statelaims, causes of actions, demand Wrestling Camps, LLC including a Release and Waiver applies to any in Camps, LLC or while in, on or upon Releasees for any alleged claims, can be construed as releasing, discharge wanton or intentional acts on the parameters.	off, owners, managers, employees and losses, damages or liability and any claim, cause of action, or liability of a comparty of the premises where the camp is lauses of action, or liability released ging, or waiving any claims I/WI	and agents (referred to rising from my mino bility arising out of ne my minor child while being conducted. I/W, hereunder. Nothing in	o as Releasees) from any a or child's participation in egligence. I/WE agree the participating in SWA Wro E further covenant not to s n this Release and Waiver s	and all SWA at this estling sue the should
4. I/WE certify that our minor child participation in the camp program. medical assistance and/or treatment	I/WE consent to have a trainer, co	oach, physician, dentis	t or associated personnel pr	rovide
On behalf of their minor child an execute(s) this Release and Waiver If, despite this Release and Waiver parent(s) and/or legal guardian(s) which they have paid to the minor insuring company harmless.	of Liability on the minor's behalf of Liability, the minor child make will reimburse SWA Wrestling Ca	and on behalf of the pages a claim against SV mps, LLC and/or its in	warent(s) and/or legal guard WA Wrestling Camps, LL nsuring company for any r	ian(s). C, the money
THIS DOCUMENT RELIEVES S FROM ANY LIABILITY FOR PE LOSSES CAUSED BY NEGLIGED SIGNED IT VOLUNTARILY AN RIGHTS BY SIGNING IT A UNCONDITIONAL RELEASE OF	RSONAL INJURY, WRONGFUL NCE. I/WE HAVE READ THIS R ND FREELY, UNDERSTANDING ND INTENDING MY/OUR	DEATH, PROPERTY ELEASE AND WAIV G THAT I/WE HAVI SIGNATURE(S) TO	ODAMAGE, AND ECONO TER OF LIABILITY AND I E GIVEN UP SUBSTAN O BE A COMPLETE	OMIC HAVE NTIAL
Parent/Guardian Signature		Date_		

Participant Signature\_\_\_\_