

2024 1000 Islands Duals
Permission, Release, Waiver of Liability, and Indemnity Agreement

Wrestler's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: (_____) _____

Emergency Contact: _____

Emergency Phone: (_____) _____

We give our son/daughter permission to attend and participate in the 1000 Islands Duals, August 2-4 2024. We understand that his/her participation in this event involves risks and dangers that could result in bodily injury, disability, paralysis, or death. We also understand that his/her participation in this event involves the risk of contracting COVID-19. We hereby release, waive, discharge, and agree not to sue 1000 Island Duals, LLC and/or its staff for any bodily injury, disability, paralysis, contracting of COVID-19, or death incurred as a result of participating in this event. I verify that my son/daughter has medical insurance and that a physician has determined he/she is able to participate in the 1000 Islands Duals.

I also agree to allow my child to be treated by a certified trainer, emergency medical technician, or a licensed physician while attending (if necessary).

Parent / Guardian Signature

Date