

Parental/Guardian Medical Waiver and Release for Horizon Wrestling Boosters Youth Wrestling Program

Participant Name: _____ Date of Birth: _____

Grade in School: _____ School attending currently: _____

MEDICAL INFORMATION

Any Known Allergies, Illnesses, Injuries, or Disabilities: _____

Physician's Name: _____ Phone: _____

Physician Address: _____

Date of Last Tetanus Booster: _____

INSURANCE INFORMATION

Insurance Co. Name: _____

Insurance Co. Phone number(s): _____

Policy holder's name: _____

Policy number: _____ Group number: _____

EMERGENCY INFORMATION (if we can't reach you)

Emergency contact name #1: _____ Relationship: _____

Home number: _____ Cell number: _____

Emergency contact name #2: _____ Relationship: _____

Home number: _____ Cell number: _____

PARENTAL/GUARDIAN MEDICAL RELEASE AND WAIVER

I hereby:

1. Give permission to the above named participant to attend and participate in the Horizon Wrestling Boosters Youth Wrestling Program.
2. Give permission to the staff to render first aid or emergency treatment if needed. If staff is unable to reach me, the treatment deemed necessary for my child's health will be given.
3. Certify that the medical information given above is complete and accurate, and that no health related situations preclude my child from participating safely.
4. Agree to assume all risk arising from my participation in program.
5. Agree to save, hold harmless, discharge and release HHS, their student instructors, coaches and parent volunteers for any and all liability, claims and causes of action, damages or demands in connection with participation in the program.
6. Understand that any medical expenses will be the sole responsibility of the participant's parent or legal guardian.
7. Agree to accept any decisions made by the facilitating coach regarding a loss of participation by my child, if during the clinic, unacceptable or inappropriate behavior is exhibited by my child.

By signing below, I certify that I am the participant's parent or legal guardian, and attest that I have read and agree to the above *Parental/Guardian Medical Release and Waiver*

Printed name of Parent /Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian phone contact: _____ or _____

Parent/Guardian Photo release: _____

****signing this will give the Horizon Wrestling Boosters the right to use photos on social media and in print media.**