DEL VAL TERRIER WRESTLING CLUB

WAIVER FORM ($12 yearly fee paid to the Del Val Wrestling Foundation)

Wrestler Name _____ Date: _____

Date of Birth: _____ Age:_____ School: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

I hereby give my child permission to participate in Del Val Terrier Wrestling Club. 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 Workouts at Delaware Valley or at the Horseshoe Bend facility sponsored by the Del Val Wrestling Foundation, the Del Val Rams Wrestling Club, the Wildcat Wrestling Club for Open mats or at any youth practice: 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 high school and youth coaches, Del Val Rams Wrestling Club, Del Val Wildcat Wrestling Club, Del Val Wrestling Foundation, the Del Val Terrier Wrestling Club, and other Del Val based organizations, Delaware Valley High School, which includes their administration and BOE, as well as the Kingwood Township Parks and Recreation Committee, 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 Wildcats Wrestling Club, the Del Val Rams Wrestling Club, 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.

_____ _____

Parent/Guardian (Please Print) Parent/Guardian (Signature)

_____

Parent/Guardian Cell #

MEDICAL INFORMATION (PLEASE PRINT)

Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Phone #: _____

Family Physician: _____ Phone #: _____

Insurance Company _____ Policy #: _____