

WRIGHT CITY JR WILDCATS WRESTLING CLUB



Rookie Week Waiver and Release of Claims



PLEASE READ this form carefully and be aware that by signing up and participating in Rookie Week, you will be waiving and releasing all claims for injuries which might be sustained out of this program.

Please sign and include date.

As a participant in Rookie Week, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, damages, or loss which may be sustained as a result of participating in any and all activities connected with or associated with this program.

I, as a parent or guardian, intend to be legally bound to waive and release the Wright City Jr Wildcats Wrestling Club, Wright City High School, Wright City R-II School District, and the officers and coaches of the club from any and all claims or rights to damages from injuries or losses suffered directly or indirectly in training or attending Rookie Week.

_____		_____
Wrestler Name		Age
_____		()
Street Address		Phone
_____	_____	_____
City	State	Zip
_____	_____	_____
Parent or Guardian Signature	Date	Relationship to Minor