

# Tony Robie Wrestling Camps

## Release / Waiver of Claims

I/We the parent(s)/guardian(s) of the below-named athlete or coach, who is a candidate to attend the 2018 TONY ROBIE WRESTLING CAMPS, do hereby give my/our approval to my/his/her participation in all of the activities of the TONY ROBIE WRESTLING CAMPS. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the associated activities. I/We do hereby release, absolve, indemnify, and hold harmless the TONY ROBIE WRESTLING CAMPS, as well as the organizers, sponsors, volunteers, coaches, supervisors, and school officials. In case of injury to my/our child, I/we hereby waive all claims against the organizers and of any of the supervisors/coaches/assistants appointed by them. I/We likewise release from responsibility any person(s) transporting my/our child to and from the activities of the TONY ROBIE WRESTLING CAMPS. To date, I/we have no knowledge of any medical problems or conditions that might endanger or preclude the participant from participating in this activity. Any other medical conditions, which I agree are not serious enough to preclude my/our child's participation in the activities of the TONY ROBIE WRESTLING CAMPS, are noted below. If the participant is currently under a doctor's care, I/we will consult the participant's physician prior to his/her participation.

As parent(s) or legal guardian(s), we've also been informed that various skin conditions are very preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention can not be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling.

In signing this Release / Waiver (below) I/We acknowledge that I/We have read and agree to comply with the policies and rules of the camp. We further acknowledge that failure to follow these rules and policies may result in dismissal from the clinic without refund.

CAMP NAME AND DATES THAT YOU WILL BE ATTENDING: \_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE – CHECK ONE?                      NO: \_\_\_ YES: \_\_\_

POLICY HOLDER'S NAME: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

INSURANCE COMPANY POLICY NUMBER: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY EXISTING MEDICAL CONDITIONS? NO: \_\_\_ YES: \_\_\_

IF YES, PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATHLETE'S PRINTED NAME: \_\_\_\_\_

ATHLETE'S SIGNATURE: \_\_\_\_\_

PARENT'S / GUARDIAN'S PRINTED NAME: \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_