

Liability Release

I the undersigned, individually as a parent/guardian of _____ (Student) a minor, ask that he/she be admitted to participate in the T3 wrestling program "Adventure Wrestling Camp". I hereby release, discharge and hold harmless: clinicians, staff or anyone associated with T3 wrestling Adventure Wrestling Camp, Live. Move. Be. Adventures LLC, & Adventures in Training with a Purpose, and Cheeseman Farms free of all causes, liabilities, damages, claims, or demands whatsoever as the account of any injury or accident involving the said minor arising out of the minor's attendance at the Adventure Wrestling Camp or in the course of competition and/or activities held in connection with the Adventure Wrestling Camp. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Parent/Guardian signature

_____ Date _____

Wrestler Signature (IF OVER 18)

_____ Date _____

Academy staff refers medical emergencies and illness to the local hospital. The academy is not responsible for any expenses due to loss or damage of personal property. We urge wrestlers not to bring valuables to the academy.

The following information is needed for Participation:

Health Plan/insurance company name: _____

Policy Number _____