



WAIVER AND HEALTH TREATMENT

Waiver and Release of Liability IN CONSIDERATION OF

_____, As a condition of enrollment, the following Disclaimer of Liability must be signed by the Wrestler and his Parent/Guardian. The wrestler, in attending the 2023 S-Brand Wrestling Camp and in using any clinic/camp facility, does so at his/her own risk. The clinic and its staff shall not be liable for any damages arising from personal injury sustained by the wrestler during the clinic or its facilities. The wrestler and his/her parent/guardian assume full responsibility for any damages or injuries sustained by the wrestler during session and so hereby fully exonerate and discharge the Clinicians, its staff involved, owners, employees, and agents from any or all claims of damage. I verify that my son/daughter has been checked by a licensed physician in the past year and is physically able to participate in the 2023 S-Brand Wrestling Camp. I agree to allow my son/daughter to be treated by a licensed physician or nurse while attending if necessary and to assume all costs. The Director or head clinician may, at his discretion, dismiss any wrestler found in violation of clinic/camp rules and regulations. Any wrestler dismissed from the clinic/camp forfeits their application fee and deposit.

Parent or Guardian (please print) _____

Signature of Parent/Guardian _____

Wrestler (please print) _____

Wrestler signature _____

Medical Insurance Provider: _____

Policy no. _____

Parent or Guardian Date _____