

Child/ren Name _____

Release of Liability

I, the Undersigned, am the legal parent or guardian of the above-named child(ren) and do hereby voluntarily allow my son/daughter to participate in the Priest River Wrestling Club. In consideration for my acceptance of their membership and participation, I do hereby, for myself, my heirs, executor, and administrators waive, release, forever discharge any and all rights and claims for damages which may occur or accrue to my son/daughter against Priest River Wrestling Club, it's organizers, and to all members of the club, or their respective officers, representatives, successors, and or assignees, and against any participant for any and all damages which may be sustained by my son/daughter in connection with their participation in the Priest River Wrestling Club, or which arise out of traveling to, participating in, and returning from the club or club related competition. I know, understand and appreciate the fact that wrestling is a contact sport and that injuries of varying degrees are inherent to the sport. I understand that I must have primary medical insurance and I authorize the staff of Priest River Wrestling Club to seek any necessary emergency medical/dental my child may need during the course of the program. These activities are not sponsored by the West Bonner County School District or any of its schools. The West Bonner County School District will assume no responsibility for conduct during or safety of the activities. The West Bonner County School District, including their employees and agents, shall be held from any cause of action, claim or petition files in any court or administration tribunal arising out of the distribution of these material, including attorney's fees and judgements awarded. I HAVE READ AND UNDERSTAND AND AGREE TO ALL TERMS AND CONDITIONS OF THE ABOVE WAIVER.

Parent/Guardian Signature _____ Date: _____

My child has primary medical insurance YES NO

I have read and agree to follow the attached Code of Conduct for the Priest River Wrestling Club. I will read and review with my wrestlers and uphold the standards set forth.

Parent/Guardian Signature _____ Date: _____

We may occasionally post photos of the wrestlers, tournaments and activities of the Club to our private FB page and may submit some photos to local news sources. If you would prefer we not post or share photos of your child in these venues, please "X" this paragraph and we will respect that privacy. Please initial below to allow photos of your wrestler to be used on our FB page, list of team roster and shared with public news sources.

Parents Initials _____