

**BIG LAKE YOUTH WRESTLING WAIVER/RELEASE**

**Wrestler name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Parent/guardian name(s)** \_\_\_\_\_

**RELEASE STATEMENT:**

I agree to release District 727 Public Schools, Community Education and it's employees/volunteers along with Big Lake Youth Wrestling Association aka BLYAA and it's coaches/employees/board members/volunteers of all liability to accidents or injuries, which a member of my family might incur while participating in the above activity.

I also confirm I have adequate health/accident insurance coverage for my son/daughter to participate. I understand that I am responsible for all additional expenses incurred while my son/daughter participated in wrestling under BLYAA(I.e. warm-ups, tournament fees, lodging, etc.)

I \_\_\_\_\_ have read the release statement above and I agree.

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_