

North Hills Youth Wrestling

Liability Waiver & Medical Release Form

Participant's Name: _____

Date of Birth: _____

Acknowledgment of Risk

I, the undersigned parent/guardian of the above-named minor, acknowledge that wrestling is a contact sport involving inherent risks, including but not limited to sprains, fractures, concussions, dislocations, and other injuries. I understand that North Hills Youth Wrestling, its coaches, volunteers, and affiliates take precautions for safety, but risks cannot be eliminated.

Release of Liability

In consideration of my child's participation, I release and hold harmless North Hills Youth Wrestling, its coaches, board members, volunteers, officials, sponsors, and affiliates from any and all liability, claims, or damages that may result from participation in practices, matches, tournaments, conditioning, travel, or related activities. This release applies to negligence, actions, or inactions of North Hills Youth Wrestling representatives to the fullest extent permitted by law.

Medical Consent

In the event of an injury or emergency, I give permission for North Hills Youth Wrestling staff or volunteers to obtain medical treatment for my child, including transportation to a medical facility and necessary emergency care as recommended by medical professionals. I accept financial responsibility for such treatment.

Agreement

I have read and fully understand this waiver. I voluntarily allow my child to participate in North Hills Youth Wrestling and assume all risks associated with participation. This release is binding upon me, my child, and our heirs or assigns.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Name & Phone #: _____