

Brighton Novice Tournament, March 20

Name of Wrestler _____ Age _____
(Please print)

Years of Experience _____ Year in School _____

Circle Division Beginner Intermediate Advance High School Novice

School Affiliation _____ Weight Division _____

Address _____ Phone _____

In case of emergency, please notify: _____ Phone _____

Parent Statement of Agreement, Assumption of Risk, Liability and Indemnification

1-Release and Indemnification-I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself/and or my child. In consideration of my child being permitted to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, Brighton Wrestling, Brighton High School, and its officers and employees and volunteers from any and all suits, claims, or liability, including negligence, based on any injury except that cause solely by the willful misconduct of Salt Lake County Parks and Recreation, Brighton Wrestling, Brighton High School. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from child's participation.

2-Emergency Treatment-I hereby authorize Salt Lake County Parks and Recreation, Brighton Wrestling, Brighton High School staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will be billed for such emergency treatment.

3-By signing this assumption of risk, liability release and indemnification statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Signature (Parent or legal Guardian)

Date