

# Rocket Wrestling Club

## Assumption of Risk, Waiver, Release of Liability & Medical Consent

By signing below, I recognize the possibility of physical injury associated with sports participation, practice, competition, associated activities and transportation to and from. In consideration for Rocket Wrestling Club accepting the registrant for its wrestling programs and activities, I hereby release, discharge and/or otherwise indemnify Rocket Wrestling Club, its affiliated organizations and sponsors, their associated personnel, including the owners of facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

I also agree to hold free from all liability Rocket Wrestling Club, its officers, directors, coaches, volunteers and owners of facilities utilized and its employees.

I grant permission, in case of emergency, for the registrant to be given necessary emergency medical assistance.

**Please fill out this entire form.**

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Print Name of Participant

Grade

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Print name of Parent/Guardian

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Signature of Parent/Guardian

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Date

Name of Insurance Company: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_