

Medical Waiver

Wrestlers Name _____ Week Attending Camp _____

Parent Consent and Waiver of Responsibility.

In consideration of Ohio Elite Wrestling Camp, LLC, acceptance of the camper named above as a student in the camp for the periods described above, the camper by and through his parent or legal guardian hereby acknowledges, understands and agrees to the following:

Wrestling is a sport which involves intense physical contact between two individuals. The camper will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. The understanding on behalf of themselves and their child or ward agrees to hold harmless, Ohio Elite Wrestling Camps, LLC., its owners, staff, property owners and coaches, from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges Ohio Elite Wrestling Camps, LLC., from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in Ohio Elite Wrestling Camps, LLC. The understanding hereby certifies that the camper is physically able to participate at the camp and that there are not impairments that would limit the participation in the programs. The understanding hereby grants permission for doctors and their designees to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

Parent or Legal Guardian Signature Date

Medical Information

Medical History (allergies, bee stings, asthma, etc...)

List any Medications:

Parent/Guardian: _____

Address: _____ City _____

State _____ Zip _____

Phone Number: _____

Home _____ Cell _____

Emergency Contact:

Name: _____ Phone: _____