EIWC EVENT/PRACTICE WAIVER

Waiver, Terms, and Conditions:

I grant permission to the director, assistants or assigned chaperons of the club to act on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise; an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician, such as x-ray exams and anesthesia to be rendered to said minor. I understand that in case of emergency, I hereby authorize any licensed medical personnel to perform any accepted medical assistance deemed necessary and I agree to bear the expense of any such treatment. Release I hereby release Eastern Iowa Wrestling Club, and its employees from any and all liability, claims, demands, actions, medical bills, and causes of action whatsoever arising out of or relating to any negligent or other act or omission, and/or any loss, damage, or injury, including death, that may be sustained by the undersigned or any property of the undersigned in participating in this form of training. I also agree to indemnify Eastern Iowa Wrestling Club for any claim, which may hereafter, be presented to my minor as a result of any such injuries. I also grant permission for Eastern Iowa Wrestling to use photos of my minor for publicity, advertising or other commercial purposes. I also state that my child is in good physical condition and know of no reason why he/she cannot participate in this form of training.

X_____ X_____

Parent/Guardian Date

Wrestlers name:	
Birthdate:	
Approx. Weight	
Parent/Guardian Name:	
Address:	
Phone:	
Email:	