LIABILITY RELEASE FORM

NAME:_____
LAST FIRST M.I.

ADDRESS:_____

PARENTS' PHONE: (HOME)_____(WORK)_____

PLAYER'S GRADE_____AGE_____PLAYER'S DATE OF BIRTH:_____

KNOWN MEDICAL PROBLEMS: (ALLERGIES, ETC.)_____

MEDICATIONS PRESCRIBED:_____

INSURANCE CARRIER_____POLICY #_____

_____

I the parent/guardian of the above named player participating in the **De La Salle Collegiate Wrestling**, hereby give my approval for his participation in any and all activities involving the above named activity. I understand that these activities involve a certain element of risk and that I assume all such risks and hazards incidental to such participation including transportation to and from the activities of the **De La Salle Collegiate Wrestling.** I understand that, as parent/guardian, I must assume all medical obligation for my child in the event of an accident while he participates in the activities of the **De La Salle Collegiate Wrestling.** Also, to the best of my knowledge, my child is capable mentally and physically of participating in the activities of the **De La Salle Collegiate Wrestling.**

I do hereby waive, release, absolve, indemnify and agree to hold harmless the **De La Salle Collegiate Wrestling,** the organizer, coaches, supervisors, athletic trainers, participants, and persons transporting my child to or from the activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by liability insurance.

In the event of injury, I understand that every effort will be made to contact me. I also grant permission to the staff of De La Salle Collegiate High School to seek and procure proper medical treatment for my child should the deem such treatment necessary when arising from the above mentioned activities.

SIGNATURE OF PARENT/GUARDIAN:_____

SIGNATURE OF PLAYER:_____

DATE:_____