

**Ohio Dawgz  
Release and Participation Form**

Name of participant: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of parents or guardians: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

This release is to be signed by both parents/ guardians of a participant.

**RELEASE**

I am aware that wrestling is a hazardous activity, and am allowing my child to participate in the Ohio Dawgz Wrestling Club's activities with knowledge of the danger involved and hereby agree individually and on behalf of my child as parent and natural guardian to accept any and all risks of property damage, personal injury, or death.

In consideration of my child's participation I individually and on behalf of my child as parent and natural guardian hereby voluntarily release Ohio Dawgz Wrestling Club and any of its instructors or agents, as well as unnamed owners of the property which we are provided from any present and future claims, including negligence, for property damage, personal injury, or wrongful death, arising from my child's participation in wrestling activities.

Furthermore, I individually and on behalf of my child as parent and natural guardian hereby voluntarily waive any and all claims against the aforesaid entities and individuals, both present and future, arising from my child's participation in wrestling activities, including but not limited to negligence, property damage, personnel injury, and wrongful death.

I understand that wrestling involves certain risks, including but not limited to, travel to and from site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include but are not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, exposure to MRSA, and serious injury to virtually all bones, joints, muscles, and internal organs.

I further understand that the wrestling activities that my child participates in may be conducted at sites that are remote from available medical assistance; and nonetheless agree to allow my child to proceed with such activities in spite of the possible absence of medical assistance. I also understand that any equipment provided for my child's protection may be inadequate in preventing serious injury.

I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me/spouse and my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_