

**2010**  
**Jr. High State Championships**  
**ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY**

NAME \_\_\_\_\_ School/Club \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

YEAR IN SCHOOL \_\_\_\_\_ Weight \_\_\_\_\_ (If entrant does not make the weight, he will not wrestle.)

**ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY**

This form must be completed and submitted with parent/guardian signature for wrestler to compete.

Name of your primary Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (Doctor) \_\_\_\_\_

Presently on any medication? \_\_\_\_\_ If yes, please list medication(s) \_\_\_\_\_

Drug Sensitivities or Allergies \_\_\_\_\_

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

Please indicate another person to call if an accident occurs:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Parent or Guardian of minor must read and complete the following: Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature. Check one:

If my child, named above, needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions — List any medical procedures that you do not want performed unless specific approval is received:

The wrestler, in attending the host school's event and using any of the facilities does so at his/her own risk. The school, its athletic department and staff shall not be liable for any damages arising from personal injury sustained by the wrestler during the event or at the facilities. The wrestler and his parents/guardians assume full responsibility for any damages or injuries that may occur to the wrestler during the event and owners, employees and agents from any and all claims. Demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the wrestlers participation in the event and the use of the facilities, the school, its athletic department and staff shall not be liable for any damages.

In consideration for the opportunity to participate in The CALIFORNIA JR HIGH STATE CHAMPIONSHIPS (the "Event") the undersigned and his/her parent or guardian, if applicable ("Competitor"), hereby acknowledges that the "Event", and related activities and performances, may be televised live and/or videotaped for broadcast, cablecast, home video entertainment and/ or any other use or distribution (collectively, "Dissemination"). The "Event Organizer" (club, local organizing committee or any other person or entity responsible for hosting and/or conducting the "Event") shall have the right, without any compensation to competitor, to use Competitor's name, photograph, image, likeness, biography and accomplishments and displays of wrestling ability in any Dissemination of the Event and for the purpose of advertising, promoting and publicizing the events and the program and/or any program series of which any Dissemination of the Event is a part (provided that none of the above shall be used in such fashion so as to constitute an endorsement of any commercial product). Competitor agrees, for and on behalf of Competitor and Competitor's heirs, personal representatives, administrators, agents, successors and assignees, to release, indemnify and hold harmless the "Event Organizer" from any claim of any nature based upon or arising out of any Dissemination or other permitted uses contemplated by this Consent and Release.

COMPETITOR ACKNOWLEDGES THAT COMPETITOR HAS HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

\_\_\_\_\_  
PRINT Name of Competitor

\_\_\_\_\_  
SIGNATURE of Competitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date