



Bear Cave Wrestling Club Release of Liability

Wrestler Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_

I hereby give permission to the participant listed on this form, myself or my child, to participate in Bear Cave Wrestling Club Practices and club activities. I understand that wrestling is a physical sport and there is a risk of injury. My signature below releases Ben VomBaur, Windsor High School, Prairie View High School, Bear Cave Wrestling LLC and all of their officers and agents from any and all legal claims or rights to damages for injuries or losses suffered to me or my child directly or indirectly while training, traveling to or participating in any Bear Cave Wrestling Club activity for any session or season.

**Parent Rules**

I understand that parents aren't allowed to yell onto the mats during practice.  
I understand that parents are able to coach their kids during water breaks.  
I understand that any video taping of practice is not allowed.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

USA Wrestling Card #: \_\_\_\_\_

\_\_\_\_\_

For Office Use Only

Check #/Amount: \_\_\_\_\_

Session (Months): \_\_\_\_\_

Cash Amount: \_\_\_\_\_

Session (Months): \_\_\_\_\_

Credit Card/Paypal Amount: \_\_\_\_\_

Session (Months): \_\_\_\_\_