

Bear Cave Wrestling Camp Release of Liability

Wrestler Name: _____

Emergency Phone: _____

Medical and Food Allergies: _____

Email: _____

USA #: _____

I hereby give permission to the participant listed on this form to participate in Bear Cave Wrestling Camps. I understand that the activities at camp have a risk of injury. My signature below releases Ben VomBaur and Kelli VomBaur, 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 the listed participant directly or indirectly while training or traveling to and from participation in any camp activity at 13644 CR 64 Greeley, Colorado 80631.

Please initial each activity.

I authorize that the participant listed below may participate in:

Wrestling _____

Paintball _____ (eye protection is provided and required at all times)

Archery _____ (eye protection is provided and required at all times. One person at the shooting station aimed at the target at all times)

BB Gun _____ (eye protection is provided and required at all times. One person at the shooting station aimed at the target at all times)

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Date: _____