



Bear Cave Wrestling Club Release of Liability

Wrestler Name: _____

Wrestler's Date of Birth: _____

Contact Phone: _____

Contact Email: _____

Parent Rules

I understand that parents must refrain from yelling onto the mats during practice.
I understand that video taping any part of practice is not allowed.

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, Fort Lupton 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/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

USA Wrestling Card #: _____