

# Bear Cave Wrestling Camp Release of Liability

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

Wrestler Birth Date: \_\_\_\_\_

Wrestler USA Wrestling Number: \_\_\_\_\_

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

Medical and Food Allergies: \_\_\_\_\_

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

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 10110 Highway 257 Spur, Greeley, Colorado 80634.

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)

Nerf Gun \_\_\_\_\_ (eye protection is provided and required 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: \_\_\_\_\_