

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, 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.

Your initials give participant permission to participate in activity below and you understand that there are risks involved in these activities:

_____ Wrestling (USA Wrestling Card required)

_____ Swimming (lifeguard on duty Youth/Little Hammers, no lifeguard MS/HS)

_____ Paintball (goggles will be worn at all times and there will be adult supervision)

_____ Nerf War (adult supervision)

_____ Fishing (adult supervision)

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Date: _____