

1:30PM

ROUND 10

2 MATS

GOLD

New England Gold
New England Spring Duals
April 22-23, 2017

Permission, Release, Waiver of Liability, and Indemnity Agreement

Wrestler's Name: _____ Parents First Name _____

Address: _____ E-mail _____

School _____ Club _____

City: _____ State: _____ Zip: _____

Grade _____ Home Phone: (_____) _____

Emergency Contact: _____ Emergency Phone: (_____) _____

We give our son/daughter permission to attend and participate in any New England Gold events/sessions/trips. We understand that Their participation in any of these will risk and danger that could result in bodily injury, disability, paralysis, or death. We hereby release, waive, discharge, and agree not to sue the New England Gold and/or its staff for any bodily injury, disability, paralysis, or death incurred as a result of participation or as a spectator. I verify that my son/daughter has medical insurance and that a physician has determined he is able to participate in any New England Gold events/sessions/trips. I also agree to allow my child to be treated by a certified trainer, emergency medical technician, or a licensed physician while attending (if necessary).

Parent / Guardian Signature

Date _____