

Wrestling Consent / Hold Harmless:

I the parent/legal guardian of the above named wrestler, a minor, agree that the wrestler and I will abide by the rules and codes of conduct of the Rum River Wrestling Club and Cambridge-Isanti School District. I recognize that there is a possibility of physical injury associated with wrestling, and in consideration for the Rum River Wrestling Club accepting the wrestler for its wrestling program and activities, I hereby release, discharge hold harmless and/or otherwise indemnify the Rum River Wrestling Club, associated personnel, including the Cambridge-Isanti School District, the Cambridge-Isanti High School, and any other school or wrestling club and its facilities athletes utilize for wrestling, against any claim by or on behalf of the wrestler and as a result of the wrestler’s participation in the program.

Consent for Medical Treatment:

As the parent/legal guardian of the above named wrestler, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, and well-being of the wrestler.

Consent for use of Photos and/or Name:

I authorize the release of all pictures taken during any wrestling event for promotion purposes, including use on our website; www.rumriverwrestling.com.

Does the registrant have Medical Insurance / Coverage? Yes _____ No _____

Parent/Guardian Signature: _____

I have already purchased my child’s MN USA Wrestling Card: Yes _____ No _____

Club Use Only

Registration Check #	Volunteer Check #	MN USA Card

Volunteer – Rum River Qualifier	Volunteer – Cambridge Open	Volunteer – MN USA State