

SUMMER SLAM WRESTLING CAMP

Registration and Waiver Form

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Age _____ School/Club _____
Email _____
Weight _____ Tournament Participation ___ Yes ___ No

Parent or guardian will be contacted in case of emergency.

Waiver and Release: In consideration of my application being accepted, I, intending to be legally bound, do hereby, for myself, me heirs, executors and administrator, waive, release, and forever discharge any and all rights and claims for damages, which I may have or assign which may hereafter accrue to me against Chris McClure, Marauder Wrestling Club and Clearwater Central Catholic High School and for any damages which may be sustained or suffered by me in connection with my association with, or participation in, and for arising out of my traveling to or returning from Summer Slam Wrestling Camp. The camp director has permission to seek medical attention for my child, and I grant permission for the implementation of appropriate medical treatment in the event of injury or sickness. I do hereby authorize Marauder Wrestling Club and its assigns to utilize any and all photographs, pictures, videos or other likenesses of me or anyone assigned guardianship to me, as they may deem appropriate in its promotional materials or team films.

SIGNED (Parent or Guardian) _____

DATE _____ PHONE _____

EMERGENCY CONTACT _____

PHONE _____

****Please return via email to info@marauder-wrestlingclub.com prior to camp and pay via the link on the website www.marauderwrestlingclub.com