

## **Lancer Wrestling Club Parent Agreement**

**NOTE:** Both Parents or Guardian should sign these two agreements in both places. In any event, the participant will not be allowed on the mat unless at least one parent or guardian has signed BOTH agreements.

**NAME OF WRESTLER** \_\_\_\_\_ **(please print)**

We recognize and acknowledge that wrestling, as well as other contact sports, is a sport in which there are risks of injury to the participants. Because of this, and desiring that the above named participant join the program sponsored by Lancer Wrestling Club, an Illinois not-for-profit organization, its agents, sponsors and coaches, harmless from any and all liability for damage because of injury or otherwise, sustained by the above named minor arising directly or indirectly, out of or in connection with his/her enrollment and/or participation in the program sponsored by Lancer Wrestling Club, an Illinois not-for-profit organization, whether due in whole or in part to the negligence of the LWC or its agents.

\_\_\_\_\_  
**Signature of Male Parent/Guardian** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Female Parent/Guardian** \_\_\_\_\_  
**Date**

### **Medical / Surgical Release**

In the event \_\_\_\_\_, a participant in the program sponsored by Lancer Wrestling Club, is injured while attending the program and after reasonable effort, we or either of us, have not been reached, we, the undersigned being parents or guardian of said participant

\_\_\_\_\_, hereby authorize and direct any of the team coaches, officers, or directors to authorize and approve medical and surgical treatment for him/her as necessary.

We, the undersigned, agree to indemnify and hold the Wrestling Club coaches, directors, and sponsors harmless for any cost or damages which may result from action pursuant to the above authorization.

DATE: \_\_\_\_\_ \_\_\_\_\_  
Signature of Male Parent/Guardian

DATE: \_\_\_\_\_ \_\_\_\_\_  
Signature of Female Parent/Guardian