ORANGE CRUSH YOUTH WRESTLING - WAIVER

Wrestler Nan	ne:		Phone: ()	
Grade:	Age:	DOB:	School:	

I/We the parent(s)/guardian of the above names child, who is joining Orange Crush Youth Wrestling, hereby give my approval and consent to participate in any and all activities with the club. I/we assume all risks and hazards incidental to the activities and transportation to and from this activitiy, I/we do hereby acquit, release, and forever discharge and agree to indemnify and name harmless Olentangy Orange High School, its coaches and supervisors, all other persons associated with the activity, and from any and all actions, causes or actions, claims or demands or whatevername and nature arising out of injuries to or death of the above names child. I understand that because costs of prohibitive costs, no accident, health, or life insurance will be procured. In the event that I/we cannot be reached in an emergency, I/we grant permission to the adult in charge to transport my child to the hospital or physician chosen by the said adult in charge of treatment.

Parent/Guardian Signature:	Date:	