



Name of Wrestler _____

Medical / Surgical Release

We recognize and acknowledge that wrestling 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 Scorpion Wrestling Club, an Illinois not for profit organization, its agents, sponsors and coaches, harmless from any and all liability for damage because of the injury or otherwise, sustained by the above named minor arising directly or indirectly, out of or in connection with his/her enrollment and participation in the program sponsored by Scorpion Wrestling Club, whether due in whole or in part to the negligence of the Scorpion Wrestling Club or agents.

In the event _____, a participant in the program sponsored by Scorpion 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 teams coaches or officers to authorize and approve medical and surgical treatment for him/her as necessary. We, the undersigned, agree to indemnify and hold Scorpion Wrestling Club Coaches, Board, and sponsors harmless for any cost or damages which may result from action pursuant to the above authorization

Signature of Parent/Guardian _____ Date _____

Photo Release

By signing this form, I authorize Scorpion Wrestling Club to use practice and or tournament photos taken of _____, for the use on the clubs website, Facebook and informational brochure as the club sees fit.

Signature of Parent/Guardian _____ Date _____

Refund Policy /CODE OF CONDUCT READ BY PARENT / WRESTLER / COACH

By signing you acknowledge that this has by read by all parties and will abide by the Scorpion Code of Conduct.

Signature of Wrestler _____

Signature of Parent _____

Signature of Coach _____