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***RELEASE AND HOLD HARMLESS AGREEMENT****PLEASE READ THIS FORM CAREFULLY and beware while registering to compete and train, you are releasing your child/minor from all claims/injuries and reimbursement for medical bills your child might sustain participating for California Girls Middle School State Wrestling Championships.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print parent/guardians name) recognize and acknowledge that there are certain risks of physical injury to participants in the program and I agree to assume full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain resulting from California Girls Middle School State Wrestling Championship participation.

I waive and relinquish all claims I or my child/ ward may have against discharge Ukiah High School, SW Academy Inc., coaches and its officers and Ukiah Unified School District resulting from California Girls Middle School State Wrestling Championship participation & hereby fully release and Windsor High School, SW Academy Inc., coaches and its officers and Ukiah Unified School District from any/all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward because of CGMSSWC WRESTLING participation.

I further agree to indemnify and hold harmless discharge Ukiah High School, SW Academy Inc., coaches and its officers and Windsor Unified School District, or from any/all claims from injuries, damage or losses sustained by me or my child/ward because of California Girls Middle School State Wrestling Championship participation.

I have read and fully understand the above program details and waive and release all claims.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is in good physical health, is able to, and has my permission to participate in the wrestling program.

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Student-Athlete Name Printed Clearly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Athlete’s Signature  \_\_\_\_\_\_\_\_ Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Parent/Guardian Signature \_\_\_\_\_\_\_\_   Date****After signing this form please make a copy of it for your records and return the original on the day of the event***