



Wrestling Camp Waiver

I, _____ allow _____
(print parent/guardian name) (print child's name)

to participate in the Buchanan Wrestling Camp at Buchanan High School on June 6th -9th, 2022.

I understand that certain risks are inherent in the activities in which my child will participate in and I fully accept those risks. These risks include, but are not limited to, injury or other physical harm to myself and others. I understand that there may be a great variety of other risks not known or reasonably foreseeable. I acknowledge that Buchanan Community Schools are not responsible for any harm that might occur.

I understand and agree that Buchanan Community Schools does not provide insurance to cover expenses for injury and Buchanan Community Schools strongly recommends that I also carry my own health and medical insurance for purposes of potential losses related to this event.

I fully release and discharge Buchanan Community Schools and its employees, officers, and agents from all liability in connection with my participation in this event.

Have you wrestled before? Yes or No
If yes, how many years have you been wrestling? _____

Parent/Guardian Signature

Date