



Athlete Waiver Form 2016-17

Athlete's NAME _____ Birthdate _____ AGE _____

ADDRESS _____

CITY _____ POSTAL CODE _____ HOME PH. # _____

PRIMARY FAMILY E-MAIL _____

I, _____, the parent/guardian of the above named athlete understand and accept the risks to the athlete through his participation in activities associated with wrestling, which may include the risk of serious and permanent injury and potential death. Therefore, in consideration of the Cochrane Cowboys Wrestling Club permitting the athlete to attend and participate in any of it's activities, events or tournaments, I, on behalf of and for the athlete, his or her heirs, representatives, executors, and administrators, do hereby release (each of the following being a "Released Party") Cochrane Cowboys Wrestling Club, the Alberta Amateur Wrestling Association, and all facility providers (such as gyms, schools, and community sporting venues where an activity, event or tournament may take place) and all directors, officers and employees and agents of such parties, from any and all claims, demands, damages, and causes of action which may arise out of or in connection with any loss, injury or damage to the athlete or their property which may be suffered or incurred while attending or participating in (including transportation to and from) a Cochrane Cowboys Wrestling Club activity, event or tournament, regardless of whether or not such loss, injury or damage arose by reason of negligence of a Released Party. I further agree to indemnify and hold harmless all Released Parties from any and all losses, claims, demands and damages that may be suffered or incurred by any Released Party arising out of or in any way connected with the athlete's attendance at or participation in any such activity, event or tournament.

I **DO** **DO NOT** Permit photos of the athlete to be taken and published.

I **DO** **DO NOT** Permit publication of the athlete's name.

Parent or Guardian Printed Name _____

Parent or Guardian Signature _____

Date _____