

INDEMNIFICATION AND RELEASE

WRESTLERS NAME: _____
(PLEASE PRINT)

I, THE PARENT/GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF DANBURY TRAVEL WRESTLING TEAM AND DANBURY YOUTH WRESTLING INC. (D.Y.W.A.) IT'S SPONSOR. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH WRESTLING AND IN CONSIDERATION FOR D.Y.W.A. ACCEPTING THE REGISTRANT FOR IT'S WRESTLING PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE AND/OR OTHERWISE INDEMNIFY THE DANBURY TRAVEL TEAM COACHING STAFF, D.Y.W.A. IT'S SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF THE FIELDS AND FACILITIES FOR THE PROGRAMS, AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE PROGRAMS AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

CONSENT FOR MEDICAL TREATMENT (MINOR) - AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED MINOR, I HEREBY GIE MY CONSENT FOR EMERGENCY MEDICAL CARE PERSCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL-BEING OF MY DEPENDENT.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

PHONE: _____ WORK# _____

PERSON TO NOTIFY IN EMERGENCY _____

PHONE: _____