

***COLUMBUS WRESTLING LEAGUE
WAIVER FORM***

Wrestler's Name _____
Age/Grade

Street Address _____
Zip Code

Phone Number _____
Email Address

Parent Names

In case of Emergency Contact: _____
Name _____
Phone Number

The athlete and parent/guardian accepts and assumes full responsibility for any and all personal claims arising from this event and releases the Columbus Wrestling League, the participating schools and school districts, the program organizers, any coaches, officials and/or workers from liability or other catastrophe.

Parent/Guardian Signature _____
Date

***WRESTLERS MUST HAVE THIS FORM EACH WEEK IN ORDER TO WRESTLE!!**

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