







**North Scott Wrestling Club  
2<sup>nd</sup> Annual  
Lancer Youth Holiday Duals  
Sunday, January 10<sup>th</sup> 2010  
North Scott High School, Eldridge Iowa**

**Wrestler Consent Form**

Participant Name: \_\_\_\_\_ Weight: \_\_\_\_\_

Club Name: \_\_\_\_\_

School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*

In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release the North Scott School District, North Scott High School, North Scott Wrestling Club, tournament representatives, tournament volunteers, and tournament committees, from any claims or right to damages from injuries or losses suffered by me or my child directly or indirectly, in traveling to or from, or competing, or attending the Lancer Youth Holiday Duals. I understand that the North Scott School District, North Scott High School, North Scott Wrestling Club, tournament representatives, tournament volunteers, and/or tournament committees are not responsible for accidents, injuries, or the loss or theft of personal items during the event and that I am responsible for my own insurance.

**PARENT or GUARDIAN SIGNATURE REQUIRED**

\_\_\_\_\_ Date \_\_\_\_\_