

NICKEL CITY DUALS

WESTERN NEW YORK'S PREMIER OFF-SEASON EVENT 2018 Permission, Release, Waiver of Liability, and Indemnity Agreement

Wrestler's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: (_____) _____

Emergency Contact: _____

Emergency Phone: (_____) _____

We give our son/daughter permission to attend and participate in Nickel City Duals on June 2, 2018. We understand that his/her participation in this event involves risks and dangers that could result in bodily injury, disability, paralysis, or death. We hereby release, waive, discharge, and agree not to sue the Western New York Wrestling Coaches Association and/or its staff for any bodily injury, disability, paralysis, or death incurred as a result of participating in this event. I verify that my son/daughter has medical insurance and that a physician has determined he is able to participate in Nickel City Duals. I also agree to allow my child to be treated by a certified trainer, emergency medical technician, or a licensed physician while attending (if necessary).

Parent / Guardian Signature

Date



**SPONSORED BY ILIO DiPAOLO'S RESTAURANT
& THE WESTERN NEW YORK
WRESTLING COACHES ASSOCIATION**

