



Cobras Wrestling Club  
Participation Waiver & Indemnification

I/We \_\_\_\_\_

parent(s)/legal guardian(s) of minor(s) \_\_\_\_\_

\_\_\_\_\_ give said minor(s), permission to engage in all and any wrestling events, practices, games, training or related activities; with knowledge that said minor has not had any medical exam by a medical physician. I understand that wrestling is a full contact sport and can lead to minor, serious, and great bodily injury or even death. I am aware of no pre-existing condition that can/will place said minor at risk for any of the above-mentioned risk(s).

*I/We \_\_\_\_\_ parent(s)/legal guardian(s)*

*of minor \_\_\_\_\_ hereby; FOREVER RELEASE, DISCHARGE AND CONVENIENT NOT TO SUE THE COBRAS WRESTLING CLUB, STAFF, COACHES, VOLUNTEERS, TRAINING FACILITIES, or its affiliates; as a result of any injury or death resulting from any wrestling activities with the COBRAS WRESTLING CLUB.*

I/We \_\_\_\_\_, the undersigned, have also received and accept all the terms and conditions established, in effect, and in accordance with the USA WRESTLING WAIVER AND RELEASE FROM LIABILITY form.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Legal Guardian

Date: \_\_\_\_\_