**East Hamilton High School**

**Wrestling Camp**



June 5-8

12:00pm-2:30pm

East Hamilton Wrestling Room

Camp Fee- $50

Ryan Cooper Chris Bird Trey Simpson

East Hamilton High School Head Coach East Ridge Head Coach East Hamilton Wrestling Assistant Tennessee State Runner up

**Guest Clinicians**

**Michael Keefe Briar Potter**

Head Coach Dalton High School MTSU Wrestler

2X Georgia State Champion State Medalist

UTC All-American Former East Hamilton Wrestler

**Medical**

**Release and Waiver Liability Form**

**As the parent or legal guardian of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (camper name), I give my consent for him/her to participate in the camp programs conducted and/or sponsored by the East Hamilton School. I understand that participation in sports involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child’s participating in the camp.

 I further acknowledge and authorize the employees or agents of the East Hamilton School to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child’s treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

 Knowing these facts and in consideration of my child’s participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the East Hamilton from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney’s fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

 I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date