

Wrestler's Name: _____

Parent/Guardian Name: _____ Phone: _____

School: _____

Parent/Guardian Release and Agreement: I hereby give my consent for _____
to participate in the 2020 Wrestling Camp. I authorize my child to go with and be supervised by
a representative of Lassen College or Silver State Wrestling Academy. In case my child becomes
ill or is injured, you are authorized to have my child treated and I authorize the medical agency
to render treatment.

Name: _____

Signature: _____

Date: _____

As stated in the California Education Code Section 35330, I understand that I hold Lassen
College and Silver State Wrestling Academy, its officers, agents and employee's harmless from
any and all liability claims, which may arise out of or in connection with my child's participation
in this activity. I fully understand that participants are to abide by all rules and regulations
governing conduct during this activity. Participants must have health or accident insurance:

Name: _____

Insurance Company: _____

Group #: _____

Claim's Office #: _____

Physician: _____

Phone #: _____