

PRAIRIE RIDGE



# Summer Clinic

## Health and Insurance Waiver

This Form Must Be Signed To Participate

**June 14, 2008**

**9 am—12pm**

Check In at 8:15 AM

Price: \$15.00 Per Wrestler

Includes T-Shirt

**Wrestler Name:** \_\_\_\_\_

The participant and the parents or guardian of the above named participant hereby represent to Prairie Ridge High School as the sponsor of the clinic, that the participant's health is and will be sufficient to safely participate in the clinic. We understand and accept that no health examination will be conducted by Prairie Ridge High School to determine the individual's fitness to participate in the clinic and that the health and accident insurance coverage of the student, if any, is our sole responsibility. We also understand and accept that the individual participates in the clinic at his or her own risk. We agree and promise not to make any claims or bring any lawsuits for personal injury or death or property damage or loss against Prairie Ridge High School, Community High School District 155, or the Wolves Wrestling Club, which arises out of the individuals participation in the clinic. The terms "Prairie Ridge High School", "Community High School District 155", and "Wolves Wrestling Club" include the governing board of those entities and their officers, employees, agents, and volunteers.

\*\*\*\* Each wrestler must provide own insurance \*\*\*\*

\_\_\_\_\_  
Parent or Guardian Signature    Date

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Insurance Carrier