PARENTAL WAIVER AND CONSENT FORM

In consideration of the BUCKEYE YOUTH WRESTLING PROGRAM for accepting my application for my child's participation, I/we, the undersigned, intend to agree to be legally bound, hereby and for ourselves, our heirs, executors and administrators, hereby waive and release any or all rights and claims for damages we may have against the management of the BUCKEYE YOUTH WRESTLING PROGRAM, its officers, directors, coaching staff, administrators, members of any team or anyone otherwise involved with any injuries suffered by me/us or my/our child at any practice, scrimmage, match or meeting of the BUCKEYE YOUTH WRESTLING PROGRAM.

| PARENT'S SIGNATUR | ₹E | | - |
|-------------------|----|------|---------------|
| DATE SIGNED | | | |