

2017 – 1000 Islands Summer Duals
Permission, Release, Waiver of Liability, and Indemnity Agreement

Wrestler's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: (_____) _____

Emergency Contact: _____

Emergency Phone: (_____) _____

We give our son permission to attend and participate in the 1000 Islands Summer Duals August 4-6, 2017. We understand that his participation in this event involves risks and dangers that could result in bodily injury, disability, paralysis, or death. We hereby release, waive, discharge, and agree not to sue the Eastern Ontario Productions, Inc. and/or its staff for any bodily injury, disability, paralysis, or death incurred as a result of participating in this event. I verify that my son has medical insurance and that a physician has determined he is able to participate in the 1000 Islands Summer Duals. I also agree to allow my child to be treated by a certified trainer, emergency medical technician, or a licensed physician while attending (if necessary).

Parent / Guardian Signature

Date