



**Thoroughbred  
Wrestling  
Academy**

I, as the Parent/Guardian acknowledge that there are certain risks inherent in participating at the Thoroughbred Wrestling Academy. We authorize our child/children or ward(s) to be treated by any licensed physician, EMT, dentist, physician's assistant, registered nurse or athletic trainer while attending the Thoroughbred Wrestling Academy. By signing this document, we waive, release and discharge Thoroughbred Wrestling Academy LLC, its staff and facility owners for any injury, losses or damages suffered by our child/children or ward(s) at the Thoroughbred Wrestling Academy or traveling to or from. We represent that our child/children or ward(s) is/are physically able to participate in the Thoroughbred Wrestling Academy. I authorize Thoroughbred Wrestling Academy and its representatives, the right to videotape, film, photograph, reproduce, exhibit, and broadcast our child's/children's appearance or performance in any media.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone No