

**New England Gold  
New England Spring Duals  
April 22-23, 2017**

**Permission, Release, Waiver of Liability, and Indemnity Agreement**

Wrestler's Name: \_\_\_\_\_ Parents First Name \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ Club \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

We give our son/daughter permission to attend and participate in any New England Gold events/sessions/trips. We understand that Their participation in any of these will risk and danger that could result in bodily injury, disability, paralysis, or death. We hereby release, waive, discharge, and agree not to sue the New England Gold and/or its staff for any bodily injury, disability, paralysis, or death incurred as a result of participation or as a spectator. I verify that my son/daughter has medical insurance and that a physician has determined he is able to participate in any New England Gold events/sessions/trips. 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** \_\_\_\_\_