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**RELEASE AND HOLD HARMLESS AGREEMENT**PLEASE READ THIS FORM CAREFULLY and beware while registering to compete and train, you are releasing your child/minor from all claims/injuries and reimbursement for medical bills your child might sustain participating for the Wrestle4Hope All American Classic.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print parent/guardians name) recognize and acknowledge that there are certain risks of physical injury to participants in the program and I agree to assume full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain DIRECTLY OR INDIRECTLY, FROM TRAVEL TO OR FROM, OR PARTICIPATION of Wrestle4Hope All American Classic

I waive and relinquish all claims I or my child/ ward may have against the Wrestle4Hope All American Classic, coaches, volunteers and its officers and Springstowne Academy Inc. resulting from Wrestle4Hope All American Classic participation & hereby fully release and discharge Wrestle4Hope All American Classic, coaches, volunteers and its officers and Springstowne Academy Inc. from any/all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward DIRECTLY OR INDIRECTLY, FROM TRAVEL TO OR FROM, OR PARTICIPATION of Wrestle4Hope All American Classic.

I further agree to indemnify and hold harmless Wrestle4Hope All American Classic, coaches, volunteers and its officers, and Springstowne Academy Inc., or from any/all claims from injuries, damage or losses sustained by me or my child/ward DIRECTLY OR INDIRECTLY, FROM TRAVEL TO OR FROM, OR PARTICIPATION of Wrestle4Hope All American Classic.

I have read and fully understand the above program details and waive and release all claims.

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is in good physical health, is able to practice and compete, has full medical insurance coverage, and has my permission to participate in the Wrestle4Hope All American Classic.
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Student-Athlete Name Printed Clearly

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Athlete’s Signature  \_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Parent/Guardian Signature \_\_\_\_\_\_\_\_   Date

**Must Be Turned In The Day Of Wrestle4Hope All-American Classic Or Child Cannot Participate**