



THE JOHN CARROLL SCHOOL

JUNIOR PATRIOT WRESTLING PROGRAM CONSENT, RELEASE, AND ASSUMPTION OF RISK

_____ (print wrestler name) (the "Wrestler"), is a participant in The John Carroll School ("JCS") Junior Patriot Wrestling Program and has decided to participate in JCS's Junior Patriot Wrestling Program. I/We understand that the Wrestler is not required to participate in the Program and that his/ her participation is wholly voluntary. In consideration of the opportunity to participate in the Junior Patriot Wrestling Program, the receipt and sufficiency of which is hereby acknowledged, I/we consent to the Wrestler's participation in the Junior Patriot Wrestling Program and agree as follows:

Consent to Medical Treatment: I/We do hereby authorize JCS employees, nurses, athletic trainers, and coaches to consent to any necessary or advisable medical treatment by any licensed, certified or trained medical professional in the event of any illness or injury to the Wrestler while participating in the Junior Patriot Wrestling Program, in the event that I/we cannot be reached after reasonable effort. In addition, if, in the judgment of any representative of JCS, the Wrestler needs immediate care and treatment as a result of any injury or sickness sustained while participating in the Junior Patriot Wrestling Program, I/we hereby request, authorize, and consent to such care and treatment as may be given to the Wrestler by any licensed, certified or trained medical professional, athletic trainer or any other JCS representative. In either case, I/we do hereby agree to **RELEASE, HOLD HARMLESS and INDEMNIFY** JCS and its directors, officers, employees, and agents from and against any liability, claims, demands, and causes of action arising out of or related to any such treatment. I/We further agree to be fully responsible for any and all expenses incurred in connection with any such treatment, and hereby **RELEASE and DISCHARGE** JCS and its directors, officers, employees and agents from any and all responsibility and liability for such expenses.

Consent to Disclosure of Medical Records: I/We hereby authorize JCS to release the Wrestler's medical records to any health care provider in connection with the furnishing of medical treatment to the Wrestler for any illness or injury sustained while participating in the Junior Patriot Wrestling Program. I/We understand that this consent shall remain in effect until my/our written revocation is delivered to the Junior Patriot Program Director.

Assumption of Risk, Consent and Release of Claims: I/We understand and agree that there are certain dangers, hazards and risks inherent in participating in this program, including without limitation, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the above-named student's body, general health and well being, the effects of any of which could last a lifetime. Because of the dangers of participating in this program, I/we understand that it is the Wrestler's responsibility to adhere to all rules and regulations of his or her sport/camp, and that an infraction of such may result in injury to the Wrestler and/or his or opponent. I/We also agree not to modify any protective equipment or uniform, and understand that is the Wrestler's responsibility to report faulty or poor-fitting equipment immediately to the coach or Certified Athletic Trainer. I/We further understand and agree that all injuries are to be promptly reported to the Certified Athletic Trainer.

I/We voluntarily and without reservation agree, for myself/ourselves, the Wrestler, and our heirs and personal representatives, to **ASSUME ALL RISK** for any such personal injury, loss of life, or other loss and **RELEASE, HOLD HARMLESS and INDEMNIFY** JCS and its directors, officers, employees, and agents from and against any present or future liability, claims, demands, and causes of action arising out of or related to any personal injury, loss of life, or other loss sustained as a result of the Wrestler's participation in the Junior Patriot Wrestling Program.

Consent for Release of Audio, Photograph, and Video: I/We represent that I am the parent or guardian of the minor child listed below and hereby give my consent to The John Carroll School to take or use photographs, digital images, and our video/audio recordings of my child for use in news releases and/or educational materials as follows: printed publications or materials, advertisements, posters, brochures, greeting cards, calendars, electronic publications, or websites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All prints and digital reproductions shall be the property of John Carroll. I agree that John Carroll may use, edit or reproduce such photographs and videos or share them with others for any purposes related to The John Carroll School. I hereby waive, release and forever discharge The John Carroll School from any and all claims or liability arising from the use of my child's photograph for the above purposes. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I represent that I am the parent or guardian of the minor listed below and that I have the full legal capacity and right to execute this release and grant the rights granted herein and that this consent is sought in my native language.

I/We acknowledge that I/we have carefully read, understand, and agree to be bound by the above.

Wrestler's Name (Print) _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ **Date** _____

Medical Release Form

Medical Insurance Provider: _____

Policy Number: _____

Emergency Contact Number: _____

Physician Phone Number: _____