

RELEASE OF LIABILITY, ASSUMPTION OF RISK & MEDICAL AUTHORIZATION

Camp: Panther Train Wrestling Camps

Location: UNI-Dome, Cedar Falls, Iowa

PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ **Age:** _____

Parent/Guardian Name (if under 18):

Address:

City/State/ZIP:

Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Medical Insurance Provider: _____

Known Allergies/Medical Conditions:

RELEASE, ASSUMPTION OF RISK & MEDICAL AUTHORIZATION

I understand that participation in wrestling camps, practices, conditioning, strength training, running, competition, and related activities involves inherent risks, including serious injury, illness, permanent disability, paralysis, or death. I voluntarily choose to participate, or allow my child to participate, in Panther Train Wrestling Camps and knowingly assume these risks.

In consideration of participation, I release, waive, discharge, and hold harmless **Panther Train Wrestling Camps LLC, their staff, the University of Northern Iowa, camp staff, coaches, volunteers, sponsors, facility operators, and affiliated organizations** from claims, liabilities, demands, damages, costs, or causes of action arising from or related to participation in camp activities, including claims arising from negligence.

I understand that wrestling and physical training involve physical contact and strenuous exertion. I certify that the participant is physically fit to participate and that I have disclosed any medical conditions or limitations that could affect safe participation.

I authorize Panther Train Wrestling Camps staff or representatives to obtain emergency medical treatment for the participant if necessary. Reasonable efforts will be made to contact the parent/guardian or emergency contact. I agree to be financially responsible for medical treatment, transportation, and related expenses.

CODE OF CONDUCT & PHOTO/MEDIA RELEASE

The participant agrees to follow all camp rules, staff instructions, and safety procedures. I understand that disruptive, dangerous, or inappropriate behavior may result in dismissal from camp without refund.

I grant Panther Train Wrestling Camps permission to use photographs, video recordings, or other media of the participant for promotional, educational, or social media purposes without compensation. **Initial here to accept photo/media use:** _____

ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm that I have read and understand this agreement and voluntarily accept its terms. **If the participant is under 18, the parent/guardian signature is required and constitutes consent on behalf of the participant.**

Participant/Parent/Guardian Signature:

Printed Name:

Relationship to Participant (if applicable):

Date: _____