ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

In consideration for the opportunity to participate in the EVENT described below. PARTICIPANT acknowledges, agrees and affirms the following:

1 The following words used in this document will have the meaning indicated:

- A. "TRAINING CAMP" shall mean THE WEST VIRGINIA NATIONAL TEAM REGIONAL TRAINING CAMPS conducted on: June 16th Parkersburg High July 1 Parkersburg High
- B. "EVENT" shall mean THE CADET & JUNIOR NATIONAL TOURNAMENT in Fargo, ND.
- C. "PERSONAL INJURY" shall mean and include any bodily injury, permanent, temporary, total or partial disability, paralysis, dismemberment, or death.
- D. "MEDICAL TREATMENT" shall mean and include all emergency medical treatment, medical procedures, hospitalization, or other care rendered to PARTICPANT in connection with or resulting from his participation in EVENT or TRAINING CAMP.
- PARTICIPANT understands and appreciates the risks of serious injury that may occur in
 the sport of wrestling or in the course of preparing for, participating in and traveling to
 and from the EVENT, and that such activities may involve risks, including PERSONAL
 Injury.
- PARTICIPANT releases, waives any claims, and promises not to sue the COACHES, REPRESENTATIVES AND/OR Wood County Schools with respect to any PERSONAL INJURY incurred during or in connection during or in connection with his participation in the EVENT and TRAINING CAMP.
- 4. I hereby authorize the directors of the Team WV wrestling camps to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Team WV Wrestling. I know of no mental or physical problems, which may affect my child's ability to safely participate in this camp. I will be responsible for any medical and other charges in connection with my child's attendance at the Team WV wrestling camps. I have read the rules and regulations of the camp and both the camper and I agree to abide by them.

BY SIGNING THIS DOCUMENT, PARTICIPANT ACKNOWLEDGES HAVING READ AND UNDERSTOOD ITS MEANING AND CONTENTS.

accept my particle representative of Team West Virginia. I realize my participation of participation of other athletes and has certain responsibilities. I further dismissed for any disciplinary reason, I will be immediately returned the money that has been paid to Team West Virginia is NON.	rther understand that should I be ned to West Virginia at my own expense
I accept my participation. fully aware of my obligations and finan West Virginia	icial commitment with respect to Team
Signature of Athlete Signature of Parent or Guardian	Date: