

MEGATRON WORLD WRESTLING CHAMPIONSHIPS WAIVER/RELEASE FORM

Competitor's name _____

Address _____

City and Zip _____

Home Phone _____

Cell Phone _____

Email _____

Age: _____ Weight _____

CLUB TEAM _____

School _____ Grade _____

Insurance Co. _____

Policy # _____

USA/NUWAY Wrestling Member # (not required, but please list if you have a card, CIRCLE which

I give permission for my child, _____ to participate in the MEGATRON WORLD WRESTLING CHAMPIONSHIPS and agree that MEGATRON EVENTS INC., EUROPA SPORTS EXPO, PHOENIX CONVENTION CENTER, DAN PEIFFER and ALL employees or volunteers harmless for any injury or medical or healthcare problem my child may incur during participation in the Phoenix event. I, the parent/ guardian, of above participant hereby grant permission to the coaches to authorize medical treatment, including but not limited to emergency surgery or medical treatment. In the event of sickness or injury, I assume responsibility for all medical bills, if any incur.

Parent/Guardian Signature _____ Date _____

