

MEGATRON WORLD WRESTLING RELEASE FORM

Competitor's name _____

Address _____

City and Zip _____

Home Phone _____

Cell Phone _____

Email _____

Age: _____ Weight Class _____

Dual Team _____

Folkstyle _____ Freestyle _____

CLUB TEAM _____

School _____ Grade _____

Insurance Co. _____

Policy # _____

I give permission for my child, _____ to participate in the MEGATRON WORLD WRESTLING CHAMPIONSHIPS and agree that MEGATRON EVENTS INC., EUROPA SPORTS EXPO, ORANGE COUNTY CONVENTION CENTER, DAN PEIFFER, Vision star, and ALL employees or volunteers harmless for any injury or medical or healthcare problem my child may incur during participation in the Orlando 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 _____