

TECH FALL WRESTLING CLUB

2910 NEW TOWN RD

MONROE

WWW.TECHFALLNC.COM

201-519-5695

Activity: Wrestling

NAME: _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

SCHOOL: _____ **GRADE:** _____

DATE OF BIRTH: _____ **AGE:** _____

E-MAIL ADDRESS: _____

RELEASE: I, the undersigned parent/guardian of _____, do hereby agree to forever refrain from making claim or bringing suit against Tech Fall, or any of their agents, servants, or employees and do further release and hold harmless any of their agents, servants, or employees on account of any and all claims, demands, damages, costs, loss of services, expenses, pain and suffering or personal injury arising out of an act or omission whether negligent or not, while said _____ is participating in any activity sponsored by Tech Fall Wrestling Club.

SIGNATURE OF PARENT/GUARDIAN:

_____ DATE: _____