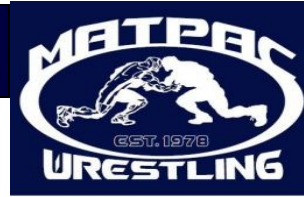


<http://matpacwrestling.org/>



MATPAC WRESTLING CLUB
6500 Kingswood Road
Bismarck, ND 58503

Waiver & Release Form 2012

WAIVER AND RELEASE FROM LIABILITY

I, _____ the undersigned, on behalf of myself, my heirs of kin, personal representatives, agents, insurer's, successors and assigns (all here in after "Releasors") hereby FOREVER RELEASE, DISCHARGE, AND COVENANT NOT TO SUE MATPAC WRESTLING CLUB, (Releasee) its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of MATPAC Wrestling, Bismarck High School, and any all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any MATPAC Wrestling Club sanctioned event, meet, practice or activity (all here in after "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, arising out of my participation in, attendance at or traveling to and from any MATPAC Wrestling Club sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used. Releasor understands and acknowledges that MATPAC Wrestling Club sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISKS OF PERSONAL INJURY, PERMANENT, TEMPORARY OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR ECONOMIC OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any MATPAC Wrestling Club sanctioned event(s), meet(s), practice(s) or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

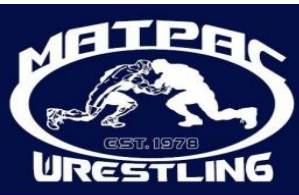
Releasor acknowledges and fully understands that each participant in any MATPAC Wrestling Club sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that several social and economic losses may result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others not withstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are no known or not reasonably foreseeable at this time.

Releasor understands that they are responsible for their child's transportation to and from MATPAC Wrestling Club sanctioned events and activities which include meets, duals, tournaments, and practices.

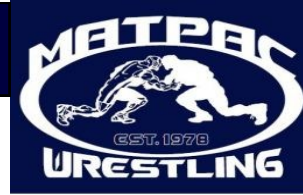
I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

The undersigned does hereby represent that he/she is, in fact, the legal guardian of (name of wrestler)

_____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.



<http://matpacwrestling.org/>



MATPAC WRESTLING CLUB
6500 Kingswood Road
Bismarck, ND 58503

Medical Consent Form 2012

MEDICAL CONSENT (CLUB USE ONLY)

Please read the alternative statements below and sign under the one that you choose.

Check only one.

- If my child needs medical attention, it is my wish that I be contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.
- If my child needs medical treatment while participating, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____

Date _____