

# WRESTLING



JUNE 22 - JUNE 25



2:30 - 4:30PM



INCOMING 9-11TH  
GRADERS

## WHITEHOUSE

JUNIOR HIGH SCHOOL



\$60 PER KID

2ND KID HALF OFF  
FOR FAMILIES

CAMP CLINICIANS: WESTON CRONAN, OMAR GOMEZ & JUSTIN WOOD

*LEARN. COMPETE. GROW.*

# Whitehouse High School

## Waiver and Release of Liability:

### Location of Training:

Whitehouse Junior High  
406 W Main St.  
Whitehouse, TX 75791



Participant Name (Athlete): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Assumption of Risk and Release of Liability:

I, the undersigned, am the parent or legal guardian of the above-named minor ("Participant") and hereby give my full consent for him/her to participate in wrestling training, practices, clinics, competitions, and all related activities conducted by **Whitehouse ISD Athletics** during the wrestling camp.

I understand that wrestling is a physically demanding sport that involves inherent risks, including but not limited to: physical contact, falls, joint manipulation, and risk of injury ranging from minor to serious (including paralysis or death). I acknowledge that the Participant voluntarily engages in these activities with full knowledge and understanding of the dangers involved.

In consideration of the Participant being allowed to participate in activities with Whitehouse ISD Athletics, I hereby:

1. **Waive, Release, and Discharge** Whitehouse ISD, its coaches, staff, volunteers, affiliates, including their owners, employees, and agents, from any and all liability for any injury, illness, damages, claims, demands, or causes of action that may arise from the Participant's involvement in club activities, whether caused by negligence or otherwise.
2. **Indemnify and Hold Harmless** all parties mentioned above from any loss, liability, or cost, including attorneys' fees, that may arise due to the Participant's participation or presence at the facility.
3. **Certify** that the Participant is in good health and has no medical condition that would prevent safe participation in wrestling or related physical activities.
4. **Authorize** emergency medical treatment for the Participant in the event of injury or illness during training, competition, or travel related to club activities, and agree to be financially responsible for any resulting medical expenses.
5. **Acknowledge** that I have read and understood this Waiver and Release of Liability and that I am signing it voluntarily.

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**Youth Camp Sign Up Link:** <https://forms.gle/sV1LTEnpamZE2P7YA>

**High School Camp Sign Up Link:** <https://forms.gle/ddK3g7R1Gnvc9Nxxv6>

**Venmo:** @Cats-Wrestling

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address (optional):** \_\_\_\_\_