

**Westlake Wrestling Clinic  
Waiver**

I hereby give permission for \_\_\_\_\_ to participate in the Westlake High School Wrestling Clinic to be held on November 12, 2016 at Westlake High School.

I release and indemnify the Eanes Independent School District and its staff and volunteers from any and all liability arising from my child's participation in this event.

I understand that if my child violates any rules governing the event, I will be called to pick my child up from the premises.

In the event that neither I nor the emergency contact listed below can be reached, and in the judgment of the responsible adults at this event or other staff members, my child needs immediate medical examination and/or treatment, I hereby authorize any of the staff or volunteers to obtain for my child such medical services as are deemed necessary.

**Please return this form to Westlake Head Wrestling Coach Patrick O'Harra at the clinic.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

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Emergency contact in the event above parent/guardian cannot be reached:

Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number(s) \_\_\_\_\_