



Liability Release and Understanding

I authorize Black Fox Wrestling Academy staff, volunteers, and/or medical personnel to act according to their best judgment in an emergency requiring medical attention for my child. I waive and release Black Fox Wrestling Academy and its staff and/or volunteers for any and all liability for injuries or illness incurred while participating in the program.

By signing below I acknowledge that my child is in good health. My child has NO physical or mental impairments that should keep them from safely participating in the physically and mentally demanding wrestling program at Sons of Thunder Academy.

I understand that Black Fox Wrestling Academy will call 911 if they feel it is in the best interest of my child. I give permission for the paramedics and or hospital staff to make the medical decisions necessary on my behalf if I cannot be reached. I have listed below all parties who should also be contacted in the event of an emergency.

Athlete Name: _____

Parents/Guardians Names: _____

Phone Numbers: _____

Emergency Contact: _____

Emergency Phone Numbers: _____

I have read, understand, and agree to everything on this page and have completed the information

Parent/Guardian Signature

Date