

ASSUMPTION OF RISK/RELEASE OF ALL CLAIMS

(under the age of 18)

As a parent/guardian of a child (as named below) under the age of eighteen (18) wishing to participate in the **The Battle at Butler Fall Wrestling Duals Tournament**, taking place at Butler High School on **Sunday, October 23, 2022**, I recognize and acknowledge that this Tournament carries a certain risk of personal injury. I agree, on behalf of myself and my child, to assume all such risks, including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I or my child may sustain as a result of my child's participation in this tournament.

I hereby give permission for my child to participate in the Tournament on **Sunday, October 23, 2022**. In consideration of the Vandalia-Butler City School District Board of Education allowing my child's participation in the Tournament, I hereby, for myself, for my child, and for all heirs, executors, administrators, and assigns, forever release, waive, and relinquish all claims I or my child have or may have as a result of my child's participation in the Tournament. Furthermore, I promise on behalf of myself and my child not to sue the Vandalia-Butler City School District Board of Education, or any of their officers, employees, or agents for actions or omissions arising from or connected with the Tournament, and to indemnify and hold harmless the Vandalia-Butler City School District Board of Education as a consequence my child's participation in the Tournament.

I understand that the terms of this Assumption of Risk and Release of All Claims are contractual and not a mere recital. I acknowledge that I have read and understand the information contained in this Assumption of Risk and Release of All Claims, and I sign this document of my own free will.

Date Signed

Signature of Participant/Phone #

Date Signed

Signature of Parent/Phone #

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ASSUMPTION OF RISK/RELEASE OF ALL CLAIMS

(over the age of 18)

I, _____, am eighteen (18) years of age or older, and I wish to participate in the **The Battle at Fall Summer Wrestling Duals Tournament** taking place at Butler High School on **Sunday, October 23, 2022**. I recognize and acknowledge that participation in this Tournament carries a certain risk of personal injury to me. I agree to assume all risks, including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I may sustain as a result of participating in this tournament.

In consideration of the Vandalia-Butler City School District Board of Education allowing my child's participation in the Tournament, I hereby, for myself, for my child, and for all heirs, executors, administrators, and assigns, forever release, waive, and relinquish all claims I or my child have or may have as a result of my child's participation in the Tournament. Furthermore, I promise on behalf of myself and my child not to sue the Vandalia-Butler City School District Board of Education, or any of their officers, employees, or agents for actions or omissions arising from or connected with the Tournament, and to indemnify and hold harmless the Vandalia-Butler City School District Board of Education as a consequence my child's participation in the Tournament.

I understand that the terms of this Assumption of Risk and Release of All Claims are contractual and not a mere recital. I acknowledge that I have read and understand the information contained in this Assumption of Risk and Release of All Claims, and I sign this document of my own free will.

Date Signed

Signature of Participant/Phone #

Date Signed

Signature of Parent/Phone # (if participant is an unemancipated minor)