

# DWU Tiger Wrestling Camp Release

Camper Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City/State Zip

## Emergency Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Phone: \_\_\_\_\_  
Home Cell

CONSENT TO PARTICIPATE: I/We, the undersigned parent or guardian of the child named below do hereby permit said child to take part in programs on the campus of Dakota Wesleyan University. I/We fully understand and acknowledge the possible risk involved in such participation, and do hereby assume the responsibility for such risks, known or unknown, and release DWU, employees and volunteers from any and all liability whatsoever, for any injury or physical condition which may be caused by, result from, or be aggravated by such participation. I/We understand the risk of transmission of the novel COVID-19 and understand the institution's position of said protocols in place to reduce such risk. I/We also give permission and/or consent to DWU or event management to secure and authorize such emergency medical care as my child might require while under supervision of said agency. I agree to pay all costs and fees reasonably related to any emergency medical care and/or treatment for my child as secured or authorized under consent. I/We understand that a copy of this form will be kept on file.

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Insurance Company and Policy Number