

Wrestler's Name: _____
 Parent (s)' name (s): _____
 Address: _____
 Phone number: _____
 Birth date: _____
 Insurance Pol. Name/Number _____
 Wrestler's Doctor & Phone: _____
 Allergies _____

**Calloway County Laker Wrestling
 Waiver and Release from Liability**

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby **forever release, discharge and covenant not to sue Calloway County Schools**, its insurers, its affiliated clubs, administrators, agents, directors, officers, members, volunteers, all employees of wrestling camp, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, leasers and operators of premises used to conduct any wrestling event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for **personal injury; permanent, temporary, total or partial disability; disfigurement; paralysis; and and/or any other losses or damages to person or property; or death**, arising out of my participation in, attendance at, or traveling to and from any wrestling sanctioned event or activity including, but not limited to, **losses caused by the passive or losses caused by the passive or active negligence of the releas-**

ees, or hidden, latent, or obvious defects in the facilities or equipment used. 2. Releaser understands and acknowledges that wrestling activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. **Releaser expressly and voluntarily assumes all risk of personal injury, permanent, temporary, total, or partial disability, disfigurement, paralysis, and any other losses or damages to person or property, or death**, sustained while participating in, attending, preparing for, or traveling to and from sanctioned event, meet, practice or activity, including the risk of **passive or active negligence of the releas-**

ees, or hidden, latent, or obvious defects in the facilities or equipment used. 3. Releaser acknowledges and fully understands that each participant in any wrestling practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis, and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions, or negligence, but also from the actions, inactions, or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

I acknowledge I have had sufficient opportunity to review the provisions of this document and understand its purpose, meaning, and intent.

_____/_____/_____
 (Participant's Signature) (Date)

The undersigned does hereby represent that s/he is the parent or legal guardian of above named wrestler and, acting in such capacity, agrees to the terms and conditions of the above stated waiver and release.

_____/_____/_____
 (Signature of legal guardian) (Date) (Relation to minor)



Please fill out information and mail the attached waiver to the address below. Without a signed waiver on-site, wrestlers will not be allowed to participate.

Questions? Call Coach Chris McWherter
 at 270-210-5678

Make Checks Payable To:
 Calloway County Laker Wrestling
 c/o: Chris McWherter
 890 E. Slaughter Rd
 Mayfield, KY 42066

Calloway County Laker Wrestling Skills Camp 2016



Thursday, June 23, 2016
 8 a.m. to 4 p.m.
 Calloway County High School
 Wrestling Gym

***Featured Clinician:
 2004 National Champion and
 4-time NCAA All-American
 Wrestler
 Jared Haberman***

Camp Detail - June 23, 2016

8-8:45: On-site Check-in
9-11:30: Technique Session 1
11:30-1: Break
1-3:30: Technique Session 2
3:30 - 4: Wrap-Up

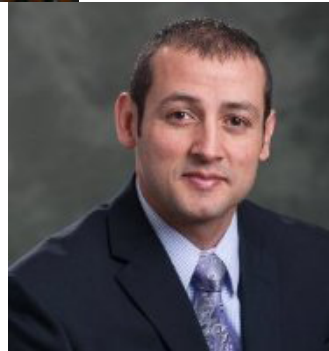
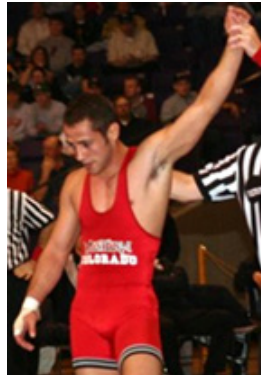


All participants must have and bring:

Headgear
Wrestling Shoes
Waterbottle or other water source
Two to three t-shirts
Two to three pairs of shorts
Two to three pairs of socks
Clean towel(s)
Kneepads (optional)

About Coach Haberman

Jared Haberman is a 2004 D-II National Champion and a 2004 inductee into the Colorado Collegiate Hall of Fame. He is a 4-time NCAA D-II All-American, a two-time NCAA finalist, and is also a member of the University of Colorado at Western State Hall of Fame.



Coach Haberman is a four-time Colorado State Champion and was twice named the Outstanding Wrestler at the Colorado State Championships. He was the 1999 Colorado Wrestler of the Year and the 1999 All-Sports Male Athlete of the Year. In 1999, he was the recipient of the prestigious Dave Shultz award and is currently the Head Coach of the Mile High Wrestling Club in Texas.

This camp will provide both large and small group instruction combined with intensive drills with opportunity for live wrestling. Immediate and productive feedback will be provided for the growth of all wrestlers.

Camp Cost is \$50.00 per participant.

Waiver and information on the back of this form, with payment due, must be postmarked
NO LATER THAN June 15, 2016.

Late/on-site registrations will be \$65.00 per participant

Please fill out information and mail the attached waiver to the address below. Without a signed waiver on-site, wrestlers will not be allowed to participate.

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