



Cary Christian School Wrestling Club Program Release and Hold Harmless & Consent for Medical Treatment

As part of the consideration for me or my child's participation in the Cary Christian School Wrestling Club Program, I hereby release, hold harmless, and forever discharge Cary Christian School Inc., its employees, staff, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, that may be sustained by me or my child or to any property belonging to me or my child while me or my child is participating in the program.

I acknowledge that my or my child's participation in this program is elected by me and not required. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury, including death, and for any property damage that may be sustained by me or my child as a result of me or my child's participation in this program.

In the event of illness or injury, I hereby authorize the CCS employees to obtain emergency medical treatment through local emergency medical services or at a local hospital as deemed necessary, including the administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of CCS and the staff, to give specific consent to the diagnosis, treatment, or hospital care which in the best judgement of a licensed physician is deemed advisable. I understand that the staff will make reasonable efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to me or my child by a certified person should it be necessary.

I have read and I understand this document, including the release and hold harmless portions of it. I understand and agree that it is binding on myself, my child, our heirs, and personal representatives. I also acknowledge that I am the parent or legal guardian of the child.

Print Name of Participant

Signature of Participant or Parent/Guardian
if current student at CCS

Telephone Number (in case of an emergency)

Date