

**BILL JACOUTOT'S
WINTER RECESS
YOUTH WRESTLING CAMP**



Presented by the Apex Wrestling Club

INFORMED CONSENT FORM

I hereby give my permission for my child to participate in the Bill Jacoutot Winter Recess Youth Wrestling Camp; to provide emergency treatment of an injury to or illness of my child, if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I can not be reached and a reasonable effort has been made to do so. My child and I are aware that participation in wrestling is a potentially hazardous activity. I assume all risks associated with participation in this sport including but not limited to fall, contact with other participants, the effects of the weather, traffic, and other reasonable risks conditions associated with the sport. All such risk to my child are known and understood by me. I understand this informed consent form and agree to its conditions on behalf of my child. I do further release, indemnify and hold harmless the Bill Jacoutot Winter Recess Youth Wrestling Camp, Pittsford School District, the organizers, and the supervisors and any and all of them.

Parent/Guardian's signature: _____

Date: ____/____/____