

**Mattin Wrestling Barn
Waiver**

Wrestler _____

Address _____

Phone # _____

Parents Name _____

Emergency Contact _____

Emergency Contact # _____

Allergies _____

Medical Problems _____

In consideration of your acceptance of my application, I , my heirs, executors, waive and release Michael Mattin and family, and all coaches, helpers from any and all claims of rights to damage from injuries or losses suffered by me/wrestler, directly during all activities in regards to being at the Mattin wrestling room. I also authorize to obtain treatment from appropriate services if warranted. I also attest that the other parent has no concerns and gives permission to his/her son wrestling and working out at the Mattin Wrestling room.

Parent/Guardian Signature _____

I Do _____

I Do Not _____ **Want my child to climb a rope that is up to 15 feet high.**