

**Fall Qualifier**  
**at Skyline High School**  
151 Skyline Vista Dr. Front Royal, VA 22630

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

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

**LIABILITY RELEASE**

I, the undersigned, individually and as a parent/guardian \_\_\_\_\_ a minor, ask that he/ she be admitted to participate in the above Skyline Wrestling Club sponsored event. I do hereby agree to release, discharge and hold harmless the Super 32, the Skyline Wrestling Club, and the Warren County School District, their agents and employees of and from all causes, liabilities, and damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sporting event or in the course of competition held in connection with this event. I also give permission for my child's photograph to appear in promotional material regarding this event.

Parent/ Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

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