

# MVD Wrestling Camp Transportation Release Form

\_\_\_\_\_ has my permission to be transported to and/or from MVD  
(Name of Child)

Wrestling Camp on \_\_\_\_\_  
(Date)

By the privately owned vehicle driven by an adult acting as an agent of MVD Wrestling Camps.

I hereby release and discharge MVD Wrestling Camps, its officers, agents, and employees from any and all claims of liability for personal injury or property damage my child may suffer while traveling to and/or from camp.

In the event that my child is injured while being transported and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuse to administer without my consent, I hereby authorize the lead adult of the group to give such consent for us if I cannot be reached by telephone at one of the numbers listed below or if, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for me, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of consent, so long as the treatment is administered by or under the supervision of a licensed physician. I also acknowledge that I will be ultimately responsible for the cost of any medical care, should the cost of that care not be covered or reimbursed by the health insurance carrier listed below.

Please list any current medications or health conditions we should be aware of:

\_\_\_\_\_  
(Continue on back, if necessary)

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Please print)

Parent/Guardian Signature: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

(Where you can be reached during travel to and/or from camp)