



SMC Wrestling Camp Waiver

June 16 & 17, 2025

I, _____ allow _____
(print parent/guardian name) (print child's name)

to participate in the Buchanan Wrestling Camp at Buchanan High School on
June 16th-17th, 2025.

I understand that certain risks are inherent in the activities in which my child will participate in and I fully accept those risks. These risks include, but are not limited to, injury or other physical harm to myself and others. I understand that there may be a great variety of other risks not known or reasonably foreseeable. I acknowledge that Buchanan Community Schools are not responsible for any harm that might occur.

I understand and agree that Buchanan Community Schools does not provide insurance to cover expenses for injury and Buchanan Community Schools strongly recommends that I also carry my own health and medical insurance for purposes of potential losses related to this event.

I fully release and discharge Buchanan Community Schools and its employees, officers, and agents from all liability in connection with my participation in this event.

Parent/Guardian Signature

Date