

Medical Release Form

This form is to be used only if the legal guardian/s of _____
(wrestler's name) is unavailable and cannot be reached while their child is in need of
medical attention.

I hereby grant the Stallions Wrestling Club permission to seek medical attention for
_____ (wrestler's name) in my absences if a medical emergency
should arise. Additionally I will not hold Stallions Wrestling Club financially
responsible for any costs incurred, should medical attention be needed.

Every reasonable measure will be taken to reach the legal guardian prior to making any
necessary decisions.

Signed (legal guardian): _____

Emergency phone #: _____

Emergency phone #2: _____

Alternate Emergency Contact: _____

Alternative Emergency #: _____