

**CORTLAND YOUTH BUREAU 35 PORT WATSON ST., CORTLAND, NY
GENERAL RELEASE AND WAIVER OF LIABILITY
OF THE CITY OF CORTLAND, COUNTY OF CORTLAND
AND THE CORTLAND CITY YOUTH BUREAU**

I understand that the registered services and activities are supervised, yet I take full responsibility for my child's actions and physical conditions. I agree to indemnify and to hold the City and County of Cortland harmless from any liability, loss (including any personal and or property damage), cost of expenses (including attorney's fees, medical and ambulance costs, etc.) that may incur while participating in, on the premises of, and or traveling to and from any and all Youth Bureau programs and activities.

I also understand and agree that my photo may be taken while participating in Parks and Recreation activities and such photos may be used for promotional publication purposes.

I hereby release the Cortland City Youth Bureau and any of its staff from any responsibility or liability in connection with this activity. I give permission to a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed below which may predispose me to risk during this program.

Statement of current health exceptions or medications: _____

ACTIVITY: WRESTLING (GRADES 1ST - 6TH) DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____ EMERGENCY # _____

DATE OF BIRTH: _____ AGE TODAY: _____ GRADE: _____

SCHOOL: _____ TOWNSHIP: _____

Parent/Guardian's Signature

Practice sessions are held weekday evenings from 6:00-7:30 PM at the Cortland High School wrestling room (evenings - TBA). Practices begin in early January through mid March.

Registration begins Monday, November 7th and concludes Thursday, December 22nd.

Fee is \$30.00

OFFICE USE ONLY

CODE #34 (\$30.00)

Amount Paid _____

Date Paid _____

Initials _____