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CINCINNATI ULTIMATE PLAYERS ASSOCIATION YOUTH WAIVER, RELEASE OF [L! .L[L¢¸Σ AND MEDICAL AUTHORIZATION FORM - CALENDAR YEAR 2015

In consideration of being allowed to participate in any way in the Cincinnati Players Association activities, the undersigned acknowledges, appreciates and willingly agrees that:

1. I will comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence and participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which may result not only from their own actions, inaction or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises of any equipment used. Further, I accept personal responsibility for the damages following such injury, permanent disability or death.
3. I hereby authorize and give my full consent to the Cincinnati Ultimate Players Association to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any CUPA event. I further agree that the CUPA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.
4.I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others, and assume full responsibility for my participation.
5.I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, and agree to hold harmless the Cincinnati Ultimate Players Association, its officials, affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, advertisers, and, if applicable owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases", with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I will indemnify, save and hold harmless above named releases of, from and against any loss, cost, expense, damage or liability that such releases may incur as a result of, arising from or in connection with such claims, including without limitation my attorney's fees, other costs or expenses of litigation.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial righty by signing it and freely and voluntarily without any inducement.

_____	_____	___ψψ___	_____	_____
Participant's Printed Name	**Signature**	**Date**	**Telephone number(s)**	**Email address**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child's involvement or participation in these programs above, even if arising from their negligence, to the fullest extent permitted by law. In the event of such an injury to my child and I cannot be contacted, I give permission to qualified and licensed EMTs, physicians, paramedics, and/or other medical or hospital personnel to render such treatment. I release the Cincinnati Ultimate Players Association, its employees, its agents, its volunteers and its assigns from any personal injuries caused by or having any relation to this activity. I understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators. This release form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms. **At least one parent/ guardian must sign,** please list contact information for all parents/ guardians who wish to be contacted in an emergency.

_____	_____	___ψψψ___	_____	_____
Parent/Guardian Printed Name	**Signature**	**Date**	**Telephone number(s)**	**Email address**
_____	_____	___ψψψ___	_____	_____
Parent/Guardian Printed Name	**Signature**	**Date**	**Telephone number(s)**	**Email address**

Family Physician: _____ _____
Name **Telephone number**

Child's Medical Insurance Carrier: _____

Emergency Contact (in event parent(s) / guardian(s) cannot be reached): _____ _____
Name **Telephone number**

Specific facts concerning the child's medical history including allergies, medications being taken, chronic illness or other conditions which a physician should be alerted ü2Y

PLEASE FILL IN BLANKS BELOW COMPLETELY. PLEASE PRINT CLEARLY

Name: _____ **Shirt Size: Adult** ☐ **S** ☐ **M** ☐ **L** ☐ **XL**
Youth ☐ **S** ☐ **M** ☐ **L**

Address: _____ **Date of Birth:** _____

City/State/Zip: _____ **Gender:** _____

Team: _____ **Grade** _____ **Payment Amount*:** _____ **Circle One: Cash Check**

***Please visit www.cincyultimate.org or speak with your coach and/or league director for payment (amount and payable to) information. If you pay with cash, put it in an envelope with your name on it. Give this completed waiver and your payment to your coach or league director.**