

WAIVER for UPA Events

-Kept on file for all events under UPA's umbrella.

-REQUIRED of ALL Participants

UPA

11101 Zealand Ave N

Champlin, MN 55316

TEAM

Account:

Team:

Contact:

PARTICIPANT INFORMATION

Participant:

UPA Personal ID: (if any)

Birthdate:

Parent/Guardian:

Address:

MEDICAL TREATMENT & LIABILITY RELEASE

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, as parent or legal guardian of minor named on this document (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above event to be conducted by United Performing Association, Inc. I, in my own behalf and on behalf of minor, further agree to release and to hold harmless United Performing Association, Inc, the Hosting site, (hotels, venue) on whose premises the event will occur (hereinafter the "Location") the affiliates of United Performing Association, Inc. and the Location, and the respective directors, officers, representatives, members, agents and employees of United Performing Association, Inc., the Location and their respective affiliates (hereinafter collectively "Releases") from any and all liability whether caused by the negligence of the Releases or otherwise for any claim, judgment, loss, liability, cost and expense (including, without limitations, attorney's fees and costs) arising out of or connected with the event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that minor may incur or sustain during the event, all activities associated with the event and while traveling to and from the site for the event whether or not the event actually occurs. I further expressly agree to indemnify and hold harmless Releases and Releases' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releases any loss or cost Releases may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Liability Release releases Release from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk or injury or illness. I, in my own behalf and on behalf of minor, further acknowledge that nothing in this Liability Release Constitutes a guarantee that the event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

****MEDICAL & INSURANCE INFORMATION****

Medical Insurance Co. _____

Insurance Policy # _____

OR No current medical insurance

Physician Name & Phone: _____

Current Medications: _____

Allergies: _____

Other Medical Info: _____

APPEARANCE AGREEMENT

I understand that UPA produces promotional material about their events. I understand that as a participant, I may be included in videos or photographs taken during the event. I hereby grant United Performing Association, Inc., it's successors, assignees, licensees, sponsors, television networks, and all other commercial exhibitors, the exclusive right to photograph or video tape participant and further utilize the participants face, name, likeness, voice, and appearance as part of this program, and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that UPA is under no obligation to exercise any of its rights, licenses, and privileges herein granted by the participant.

SIGNATURE

Furthermore, I authorize any representative of United Performing Association, Inc to act for me, according to their judgement, in any emergency regarding medical attention. I understand I will be notified as soon as possible in the event of an emergency. All expenses of such treatment will be assumed by me or my insurance company. I have completely read, understand, and accept the above, as well as agree that a faxed, scanned or emailed signature will be accepted in lieu of the original.

I have read the Medical Treatment & Liability Release and Appearance Agreement above. I agree to the above terms. **I have completed the "Medical & Insurance Information" section above.**

Parent or Guardian Signature _____ Date: _____

Participant Signature _____ (For HS Grads 18 years old +, Participant Signature is sufficient)