

**PRINT WAIVER**

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**Waiver for UPA Events 2009-2010**  
**REQUIRED of ALL Participants****UPA**  
**11101 Zealand Ave N**  
**Champlin, MN 55316**      **FAX: 763.792.8990****TEAM/SQUAD****PARTICIPANT INFORMATION****Account:****Team:****Contact:****Participant:****UPA Personal ID:** \_\_\_\_\_ (if any)

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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 Competition 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 Competition 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 Competition, 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 Competition, all activities associated with the Competition and while traveling to and from the site for the Competition whether or not the Competition 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 Competition 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\*\*\*****APPEARANCE AGREEMENT****Medical Insurance Co.** \_\_\_\_\_**Insurance Policy #** \_\_\_\_\_OR  **No current medical insurance****Physician Name & Phone:** \_\_\_\_\_**Current Medications:** \_\_\_\_\_**Allergies :** \_\_\_\_\_**Other Medical Info:** \_\_\_\_\_**SIGNATURE**

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)**PRINT WAIVER**