

## WAIVER AND RELEASE FROM LIABILITY

I acknowledge that ULTIMATE is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, property injury or property loss. I HEARBY ASSUME THE RISKS OF PARTICIPATING IN THE SPORT OF ULTIMATE.

I hereby take the following action for myself, my executors, administrators, heirs, next of in, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the Ultimate event, THE FOLLOWING PERSONS OR ENTITIES: The Ozaukee Ultimate Organization; Sponsors, Organizers, Players, Captains, Coaches; and officers, directors, employees, representatives and agents of any of the above; b) I AGREE NOT TO SUE any of the entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

- I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.
- I AM UNDER EIGHTEEN (18) YEARS OF AGE. MY PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTIONS BELOW.

Printed Name	Date
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**Signature**

**If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor. Please print in the boxes.**

The undersigned,
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(parent/guardian) the parent and the natural guardian or the legal guardian

of (minor's name)
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hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize for any licensed physician, emergency medical technician, hospital or other medical or healthcare facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor arising out of or relating to the Ultimate event. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor.

Printed Name	Date
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**Signature**