

LUDA Spring League 2012

Parent/Guardian Waiver of Liability and Release

The undersigned parent or guardian of the participant recognizes and acknowledges that Ultimate Frisbee is a sport that can involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inactions, negligence of others, the rules of play, or the conditions of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

In my absence, I authorize the employees of the Lincoln Ultimate Disc Association (LUDA) and or the captain of (my child's) team to transport _____ to a hospital in case of injury or suspected injury during the times that the above named individual is participating in any event being played at the UNL 17th & Vine Street Fields or to call for emergency rescue services should they be necessary.

I authorize the attending physician at the hospital to administer necessary emergency medical care to the above named individual upon his/her arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services, I further understand the following issues: (1) that I am legally responsible for action of the above named individual including, but not limited to, any damage to private or public property caused by him/her; (2) that I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses; and, (3) that this waiver of liability shall remain in effect through April 30th 2012.

Finally, I declare that my signature below shall serve as a waiver for all claims against the Lincoln Ultimate Disc Association; its commissioners, volunteers, contracted workers, and the employees or agents thereof.

I have read and fully understand the Waiver of Liability and Release provisions contained herein and understand the effect of the relinquishment of the rights, which I hereby waive.

Print Participant Name Here

Participant Birth Date

Team Name

Participant Address

City/State

Zip

Date

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Phone #