



WAIVER/RELEASE FORM FOR URBAN DISCOVERY ACADEMY ATHLETICS

I. PARENTAL CONSENT

I, The parent or legal guardian of _____, a participant in the Urban Discovery Academy Athletics program, do hereby grant permission for his/her participation in any and all UDA Athletics activities.

* Initials: _____

II. REALEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in UDA Athletics. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Urban Discovery Academy, the directors, coaches, volunteers, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

* Initials: _____

III. MEDICAL RELEASE

Because your child is involved in an active athletics program, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after practice/games while on UDA campus or off site.

Participant: _____ Date of Birth: _____

Address: _____

Parent or Guardian Name: _____

Home Telephone#: _____ Business Telephone#: _____

Cell Phone #1: _____ Cell Phone #2: _____

Emergency Contact: _____ Telephone#: _____

Relationship: _____

Medical Insurance Carrier: _____ Plan #: _____

Know allergies and/or medical conditions: _____

Current Medications: _____

*Initials: _____

I hereby grant permission to Urban Discovery Academy to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.

*PRINT Parent of Legal Guardian Name

*SIGNATURE Parent or Legal Guardian *Date

