

Required Consent Information

Boone Ultimate Alliance League

You need to understand that this is a high speed sport with where physical contact occurs and that there is a very real possibility of getting hurt, possibly seriously, while playing ultimate. By signing this form you are acknowledging that you understand that playing this sport is risky and that your are accepting responsibility for your own safety while participating in the BUA League.

1. For and in consideration of the opportunity to participate in the Boone Ultimate Alliance League, I do hereby RELEASE and DISCHARGE, and agree to indemnify and hold harmless, Boone Ultimate Alliance, its members, officers, agents, employees, and other league players (hereafter referred to as (Releasees) from any and all responsibilities, liabilities, obligations, claims, demands, and causes of action whatsoever for personal injury to myself, or loss or damage to my personal property. I further agree to indemnify and hold harmless the Releases from and against any and all responsibilities, liabilities, obligations, claims, demands and causes of action whatsoever for personal injury to others, or loss of or damage to property of others, caused by me or resulting from my participation in Boone Ultimate Alliance League activities.
2. I understand that participation in the Boone Ultimate Alliance is purely voluntary and I am fully aware of risks and hazards connected with participation in the said activities. I am fully aware that there may be risks and hazards unknown to me in connection with participation in the said activities. I hereby elect to voluntarily participate in such activity knowing that conditions may be hazardous, or may become hazardous or dangerous to me or my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS OF PROPERTY, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any personal injury, or loss of or damage to property owned by others, as a result of my participating in the said activities.
3. I realize that, as a participant in the Boone Ultimate Alliance League, I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of this sport, injuries may be minor to fatal in nature. I also realize that, if I have a physical problem such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a licensed physician concerning any limits to my activity prior to participation in the club.
4. I give permission for photographs in which I appear while participating in the Fall League to be used for publication and public relations activities by the Boone Ultimate Alliance. This may include use in print and electronic media, social media, including the internet.

I ATTEST THAT I HAVE READ AND UNDERSTAND THE MATERIAL WRITTEN ON THIS ENTIRE DOCUMENT. I ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY FOR MEDICAL TREATMENT AS A PARTICIPANT. I, THE PARTICIPANT RELEASE BOONE ULTIMATE ALLIANCE FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM MY PARTICIPATION IN LEAGUE ACTIVITIES.

Name

Date

Name

Date

___/___/___

___/___/___