

Participant: _____ Birthdate: _____ Event Name: _____
Team: _____ Program: _____ Date: _____

Treatment Authorization

In the event of an emergency, I give my permission for medical treatment to be administered to my son/daughter name above when neither parent/guardian can be reached. I acknowledge that the above named participant must have his/her own medical/accident insurance. I understand that all athletic events have the risk of physical injury and the participant assumes the risk of such injury by participating. I further agree not to hold Ultimate Championships, the host organizations or any of their employees, vendors or volunteers liable for any and all injuries that may occur while participating in the above named event.

Publicity Release

I, hereby, grant permission to Ultimate Championships, and its successors and assigns, the unrestricted right to use the above named participants' picture or image in any advertising and/or literature, website or events coordinated by them.

I certify that all information contained in the above form to be true and by signing this document agree that all participant eligibility, event rules and regulations have and will be followed. I understand that if challenged, proof of my child's age must be provided.

Parent/Guardian:

Emergency Contact Name: Emergency Contact Phone:

Medications:

Conditions/Allergies:

Medical Insurance Company (each participant must carry medical insurance):

Policy #:

Signature of Parent/Guardian (or Participant, if 18 or older):