

Waiver and Release of Liability

READ BEFORE SIGNING

In consideration of my participation in any way in the Cincinnati Ultimate Players Association's leagues, related events and activities, I, _____,
Participant

the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, and while particular rules and personal discipline reduce this risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, Even if arising from the negligence of the releasees or others, and assume full responsibility for my participation: and,
3. I willingly agree to comply with the state and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Cincinnati Ultimate Players Association, their officers, officials, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"). With respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

THIS IS TO CERTIFY I DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE OF ALL RELEASEES, AND FOR MYSELF, MY HEIRS, ASSIGNS, AND NEXT OF KIN, I RELEASE AND AGREE TO INDEMNIFY THE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS AS PROVIDED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

X _____ Date Signed: _____
Participant's Signature

MAIL YOUR PAYMENT AND FORMS TO:
CUPA
P.O. Box 12785
Cincinnati, Ohio 45212