



UBIC Academy



560 Flomich Street
Holly Hill, Florida 32117

T 386-947-7428
E PastorJosh@ubicacademy.com

UBIC Academy Athletic Release Waiver

I, _____, understand that sports have an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I intend to be legally bound and do, hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge all claims which may arise now or in the future which I may accrue against UBIC Academy and any of its employees for any and all injuries suffered while attending and participating in tryouts and activities.

In order that I receive the necessary medical treatment in the event of an injury or illness, I hereby authorize UBIC Academy to obtain medical treatment for myself for such injury or illness during any event, and I hold UBIC Academy harmless in their exercise of authority.

I further certify that I have read and understand the above statements and that the information provided is truthful to the best of my knowledge.

Athlete's Signature

Date

Athlete's Printed Name

Parent/Guardian Acknowledgement Statement (required)

I/We have read the above statement and agree to the conditions of this athletic release and waiver as outlined above. I/We consent to allow our son/daughter to participate in activities at UBIC Academy.

Parent/Guardian Signature

Date

Insurance Carrier

Policy Holder

Policy Number