

Pre-Participation Acknowledgement of Assumption of Risk and Release of Liability

Acknowledgement of Assumption of Risk:

Signature of Witness:

I understand that athletics are inherently involved with physical movement, which is the component which distinguishes itself from the typical classroom setting. Understanding this, there are genuine risks to anyone who engages in athletics.

I understand that by participating in athletics that my student runs the risk of being injured.

I also understand that other student's participating may engage in conduct that may increase the risk of injury to my student.

I knowingly assume responsibility for any and all such risks and all resulting injuries, including death.

I do hereby voluntarily choose for my child to participate in athletics at UME Prep Academy in spite of the risks.

Furthermore, my child does not have any medical record or history that could be aggravated by his/her participation in athletics.

My signature below indicates I have read this entire information, understood it completely, and agree to be bound by its terms.

UME Prep Student's Name:	
Parent Signature Required:	Date:
Signature of Witness:	Date:
Release of Liability:	
I hereby release and discharge UME Prep Academy and its acclaims, or demands I now have or may hereafter have for injurparticipation in athletics/physical education class activities. I personal injury or wrongful death. I have carefully read this a aware that this is a release of liability and a contract between and I sign of my own free will.	ury or damage resulting from my student's relieve UME Prep Academy from liability for agreement and fully understand its contents. I am
Parent Signature Required:	Date:

Date: __