

United Sports Academy Risk Acknowledgement Waiver and Medical Release

Consent and Risk of Injury Acknowledgement:

_____ I/We the undersigned, as the parent or legal guardian of the child listed on this registration, in consideration of this request, give permission for our child to participate in Katy United and The Woodlands United Volleyball activities. I/We also understand and acknowledge by allowing our child to participate in this activity, that the risk of injury may exist.

Waiver and Medical Release:

_____ I/We hereby release, discharge, and/or otherwise indemnify Katy United and The Woodlands United Volleyball, its Directors, Council Members, employees, and any associated personnel against all claims by or on behalf of the registrants as a result of the registrant's participation in Katy United and The Woodlands United Volleyball. In addition, I /We do hereby give permission to any responsible person with Katy United and The Woodlands United Volleyball, in the event of any emergency, if I/we cannot be contacted by normal effects, to authorize emergency medical treatment in any area hospital for the child herein named.

Player Name: _____

Parent Name: _____

Parent Signature: _____

Emergency Number: _____

Parent Email: _____

Date: _____