

Participants Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Liability Waiver

Participants in the United Starz Academy activities are not covered by medical or accidental insurance. Each participant must furnish his or her own personal coverage. Many sports activities and programs have inherent elements of danger. As a participant (or as a parent of a participant under 18 years of age), I consent, in case of accident for sickness, to emergency medical care provided by ambulance or hospital personnel, and hereby agree to have harmless and indemnify United Starz Academy, its officers and employees from any responsibility, including the cost thereof, for any such emergency medical care or ambulance costs.

Date: _____ X _____
(Parent/Participant or adult authorized by parent)

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