



RELEASE OF LIABILITY FOR  
Ultimate Frisbee 2023-24  
**(Read Carefully Before Signing)**

PARTICIPANT NAME: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

(please print)

In consideration of being allowed to participate in any way in the Hyla School Ultimate Frisbee program and its related events and activities, I agree to the following waiver and release.

By my signature below, I warrant to Hyla School that I am physically fit and know of no medical or health reasons why I should not participate in its activities. I also understand and agree to assume responsibility for all risks that may occur, including those associated with forces of nature, physical injury or illness and accidents and risks inherent in the sport. I understand this activity may require special conditioning, specialized skills, and equipment.

I will hold Hyla School, its officers, employees or agents harmless from any and all liability, actions, cause of actions, claims, and demands of every kind whatsoever which may rise from or in connection to my participation in Ultimate Frisbee, whether or not such use was recommended or supervised by Hyla School.

I agree to abide by all Hyla School rules.

I have read this release of liability and assumption of risk agreement and understand it fully.  
I sign it freely and voluntarily.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If participant is under the age of 18)

**Emergency Contact Information:**

Parent/Guardian Name/s: \_\_\_\_\_

Cell Number/s (required): \_\_\_\_\_