

UNIFIED UNDERGROUND RELEASE FORM

As a parent of _____ Date _____

I hereby give permission for him/her to attend UNIFIED UNDERGROUND. I authorize UNIFIED UNDERGROUND personnel to provide whatever medical care they deem necessary for the safety and protection of my son/daughter during UNIFIED UNDERGROUND.

I also give permission for any photos taken, which may include my child, to be used in future promotional materials deemed necessary.

Signature of Parent or Guardian _____

Insurance Information _____

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