



VOLLEYBALL WAIVER AND RELEASE OF LIABILITY FORM NOTE: This form must be read and signed before the player listed below is allowed to take part in any training, competition, practice/warm-up sessions, meeting or testing sessions. I, THE PARTICIPANT, HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I acknowledge that volleyball or any sporting event is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN OR OFFICIATING A VOLLEYBALL EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I waive, release and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is a result of gross negligence and/or wanton misconduct of persons or entities listed below, which arise out of or are related to my participation in, or my traveling to and from a volleyball event led by representatives of the following entities: Bears Volleyball Club LLC, USA Volleyball or any other facility, organization, business and/or organization that allows us to use their gym/equipment, and the coaches or any guest coaches and the officers, directors, employees, representatives, and agents of any of the above; b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that have waived, released or discharged herein; c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. THE PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. The undersigned Parent or Guardian (circle one) of

_____ (minor’s name) hereby executed the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Player’s printed name	Signature	Date
Parent /Guardian printed name	Signature	Date
	Emergency contact name	Player’s DOB
	Emergency contact number	
Does the player have a medical condition we should be aware of? Y / N Please Explain:		