

**WAIVER AND RELEASE OF LIABILITY**

I acknowledge that volleyball or any sporting event is an extreme test of a person’s physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage.

With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF ATTENDING, PARTICIPATING, OR OFFICIATING IN A VOLLEYFREAK JUNIOR SUMMER SAND VOLLEYBALL LEAGUE OR 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 THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: VOLLEYFREAK, STO-KENT FAMILY ENTERTAINMENT, PATRICIA BULLOCK, league directors, referees and officials, 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 listed above for any of the claims or liabilities that I have waived, released or discharged herein; and
- 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.

I UNDERSTAND AND ACKNOWLEDGE THAT THE FOLLOWING ACTIONS AND CONDUCT ARE PROHIBITED:

- 1. Possession, consumption or distribution of alcohol and/or tobacco.
- 2. Physical damage to a facility or theft of items from a room, dormitory, residence or other person. (Restitution will be part of any penalty imposed.)
- 3. Possession of fireworks, ammunition, firearms, or other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons.
- 4. Any action considered to be an offensive under Federal, State or local law ordinances.
- 5. Violation of the specific policies, regulations, and/or procedures of VOLLEYFREAK or the facility used in conjunction with a sanctioned event. (It is the responsibility of the individual to be familiar with applicable specific policies, regulations and procedures.)
- 6. Conduct which is inappropriate as determined by comparison to normally accepted behavior.
- 7. Physical or verbal intimidation of any individual.

**SIGNATURE(S) REQUIRED**

In consideration of the rights and privileges granted to me by signing this membership form, I certify that

- 1. I have read and understand the League Rules and Waiver and Release of Liability;
- 2. I understand that the League Rules and Waiver and Release of Liability apply to my conduct in all activities or events sanctioned or sponsored by VOLLEYFREAK and STO-KENT FAMILY ENTERTAINMENT;
- 3. I (or my parent or legal guardian) am at least eighteen (18) years old;
- 4. I agree and consent to abide by the League Rules and Waiver and Release of Liability set forth herein; and
- 5. I understand that, if I violate the League Rules, I will be subject to removal from the league at the sole discretion of the League director.

\_\_\_\_\_  
Participant’s printed name (regardless of age)

\_\_\_\_\_  
Participant’s signature (regardless of age)

\_\_\_\_\_  
Date signed

A parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.

The undersigned parent and natural guardian or legal guardian of the above named Participant executes 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 named in the Waiver and Release 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. I have also read and understand the League Rules and have reviewed them with my child regarding the stipulated conditions and their ramification. I fully consent to my child’s participation in the VOLLEYFREAK JUNIOR SUMMER SAND League and events.

\_\_\_\_\_  
Parent/guardian’s printed name

\_\_\_\_\_  
Parent/guardian’s signature

\_\_\_\_\_  
Date signed

**VOLLEYFREAK JUNIOR SUMMER SAND  
PARTICIPANT MEDICAL RELEASE FORM**

This must be completed - legibly - and signed in all areas by both the participant and his/her parent or guardian. By signing this form the participant affirms having read it.

Name \_\_\_\_\_  
Last First Birth Date Age Gender

**Primary Contact: Parent or Guardian**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Secondary Contact: \_\_\_ Parent/Guardian \_\_\_ Other**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Insurance Co. \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware:

Any medications currently being taken:

Any allergies:

If None, please write None.

\_\_\_\_\_  
Participant's signature (regardless of age)

\_\_\_\_\_  
Date signed

The above named Participant has my permission to participate in training, competition, events, activities and travel sponsored by VOLLEYFREAK and STO-KENT FAMILY ENTERTAINMENT. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/guardian's signature : \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date signed

or

I DO NOT authorize emergency medical/dental care for my daughter/son.

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Date signed