

**HI INTENSITY VOLLEYBALL CLUB
WAIVER AND RELEASE OF LIABILITY FORM**



Note: This form must be read and signed before the club member listed below is allowed to take part in any try-outs, training, competition, practice/warm-up sessions, meetings or testing sessions.

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. I HEREBY ASSUME THE RISK OF PARTICIPATION OR OFFICIATING IN 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 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 WANT ON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my participation in, or my traveling to and from the volleyball event, THE FOLLOWING PERSONS OR ENTITIES: HI INTENSITY VOLLEYBALL CLUB; its officers, directors, coaches, and volunteers; b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made of liabilities assessed against them as a result of my actions; and d) I agree to pay a non-refundable fee of \$20.00 per session for try-outs, and if selected as a member, designated amount for club dues displayed on the website www.HIIntensityVolleyball.com, additionally uniform packages, and travel expenses. I agree to pay the increments of club dues and travel expenses by due dates and understand that once I have committed to HIVBC by submitting any form of payment towards club dues, I will not be able to get any refunds and will need to comply with paying full balance. f) I understand that there will be additional fees included if the club dues or travel payments are not paid by specified due dates.

BY SIGNING THIS FORM, I AFFIRM THAT I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

PARTICIPANT IS **UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE**, PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

(If applicant is under 18 years of age, 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 or guardian – Circle one, the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes for 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 the 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.

Printed Name

Parent's Signature

Date