



Spiral Volleyball, LLC/Spiral Companies

RELEASE FOR PERSONAL INJURY AND DAMAGE

All physical activity has risks that may range from a fall, to muscle and ligament damage, to circulatory or heart disorders. Consequently you must make sure that your health is adequate to participate in the strenuous, vigorous physical activity involved in athletic participation. It is your responsibility to check with the physician of your choice about your health status and if there is any question regarding your fitness for participation. If you, at any time during your participation, experience any distress or have any questions regarding your participation, notify your coach. Spiral Volleyball/Spiral Companies provides no participant accident insurance or athletic accident insurance for tryouts or participation in any organized team, individual volleyball training, or fitness training. You must provide your own coverage.

WHEREAS the undersigned voluntarily desires to participate in a Spiral Volleyball/Spiral Companies tryout, volleyball practice (team or individual), open gym, or fitness training; and

WHEREAS the undersigned is duly aware of the risks and hazards that may arise through participation in said activities and that participation in said activities may result in loss of life, limb, property, or all three, of the undersigned.

THEREFORE, it is agreed as follows:

THAT in consideration of being allowed to participate in said activities, the undersigned hereby voluntarily assumes all risks and accident or damage to his/her person or property and all risks of liability or demands of any kind sustained, whether caused by the negligence of Spiral Volleyball/Spiral Companies agents or employees, or otherwise; and

THE undersigned further voluntarily agrees that the above release shall be binding upon their heirs, administrators, executors, and assigns, of the undersigned; and

THE undersigned hereby affirms having accident insurance coverage and having adequate health status to participate in strenuous physical activity. The undersigned further acknowledges that the undersigned has the right to refuse to attempt, or to withdraw from the physical activity for any reason. The undersigned accepts the responsibility to report any injury, distress, preexisting condition that may impair performance, or other problems to the coach.

THE undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands and agrees with the conditions herein provided.

Athlete Name: _____ **Date of Birth:** _____
(Print)

Athlete Signature: _____ **Today's Date:** _____

Parent Signature *(if athlete is under 18 years of age):* _____

Email: _____ **Emergency Contact #:** _____

What Club and Team did you most recently compete with? _____