

Accident waiver and release of liability form

I hereby assume all of the risks of participating in volleyball private/group lessons, open gyms, practices, games and travel instructed by Coach Kevin Riley, CLE Select Volleyball Academy, LLC and/or their coaches, agents, representatives or volunteers including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property of, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in volleyball lessons, open gyms, practices, games, travel. I acknowledge that this accident waiver and release of liability form will be used by the organizers of the volleyball private/group lessons, open gyms, practices, games and travel instructed by Coach Kevin Riley, CLE Select Volleyball Academy, LLC, and/or their coaches, agents, representatives or volunteers in which I may participate and that it will govern my actions and responsibilities at said with volleyball private/group lessons, open gyms, practices, games and travel instructed by Coach Kevin Riley, CLE Select Volleyball Academy, LLC, and/or their coaches, agents, representatives or volunteers. In consideration of my application and permitting me to participate in volleyball private/group lessons, open gyms, practices, games and travel instructed by Coach Kevin Riley, CLE Select Volleyball Academy, LLC, and/or their coaches, agents, representatives or volunteers, I hear by take action for myself, my executors, administrators, hires, next of kin, successors, and assigns as follows

(A) **Waiver, release, and discharge** from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons release, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may here after occur to me including my traveling to and from private/group volleyball lessons, open gyms, practices, games from **The following entities or persons** conducting private/group volleyball lessons, open gyms, practices, games, travel, coach Kevin Riley, CLE Select Volleyball Academy, LLC, and/or their coaches, agents, SPIRIT Volleyball Club Representatives or volunteers.

(B) **I indemnify, hold harmless, and promise not to sue** entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in private/group volleyball lessons, open gyms, practices, games with Coach Kevin Riley, travel, CLE Select Volleyball Academy, LLC, SPIRIT Volleyball Club whether caused by negligence or otherwise.

I acknowledge that private/group volleyball lessons, open gyms, practices, games instructed by Coach Kevin Riley, CLE Select Volleyball Academy, LLC, and/or their coaches, agents, and travel may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including but not limited to participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agreed that volleyball private/group lessons, open gyms, practices, games and travel instructed by Coach Kevin Riley, CLE Select Volleyball Academy, LLC, and/or their coaches, agents, representatives or volunteers may take photographs or digital recordings of me as a participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed there in order by description text or commentary. I waive any rate, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I have read, to it's entirety, both pages of this document, and fully understand its contact. I am aware that this is a release of liability in a contract and I sign it on my own free will.

Print participants name and age *required on pages 1 and 2

Signature (if under 18 years parent or guardian must sign page 2)

Date: _____

Accident waiver and release of liability form (continued)

Parent/guardian waiver for minors under 18 years old

The undersigned parent and or natural guardian does here by represent that he/she is, in fact, acting in such capacity, has consented to his/her child or wards participation in private/group volleyball lessons, open gyms, practices, games, travel coaches by Kevin Riley, CLE Select Volleyball Academy, LLC, and/ or their coaches, agents, SPIRIT Volleyball Club representatives or volunteers, and has agreed individually on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

I certify that I have read, to it's entirety, pages 1 and 2 of this document, and fully understand its contact. I am aware that this is a release of liability in a contract and I sign it on my own free will.

Print Participant's Name and Age. *required on pages 1 and 2)

Signature (if under 18 years parent or guardian must sign).

Date