

Libertyville Location

SKY HIGH ATHLETIC CENTER – NORTH SHORE and SKY HIGH VOLLEYBALL, Inc.
WAIVER AND RELEASE of LIABILITY FORM

NOTE: This form must be read and signed before the participant is allowed to take part in any training, league, competition, meeting, or testing sessions. *By signing this form, the participant affirms having read it.*

PARTICIPANT'S NAME: (Please print) _____

Sponsoring Organizations: Sky High Volleyball, Inc. and Sky High Athletic Center-North Shore, 1450 Harris Road, Libertyville, Illinois. 60048.

In consideration of my involvement under the auspices of the sponsoring organizations, I acknowledge and agree that:

1. I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property and due to the nature of the activities with the Sponsoring Organizations and the close proximity Players have, I risk illness to myself and those I come in contact with during my involvement with the Sponsoring Organization;
2. I knowing and freely assume all such risk; and
3. I, for myself, and on behalf of my heirs, assigns, and next of kin, hereby release, hold harmless and promise not to sue Sky High Athletic Center-North Shore, Sky High Volleyball, Inc., their officers, official agents and/or employees, schools or organizations furnishing gyms, classrooms or other related facilities, with respect to any and all such injury, paralysis, dismemberment, death, and/or loss or damage to property except that which is the result of gross negligence and/or willful or wanton misconduct.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

(Participant's Signature)

(Date Signed)

FOR ATHLETES OF MINORITY AGE

(Under age 19 at the time of registration)

This is to certify that I, as a parent/guardian of the participant, do consent to his/her release of Sky High Athletic Center-North Shore and Sky High Volleyball, Inc. from any and all liabilities incident to his/her involvement in the programs conducted by Sky High Volleyball, Inc. We have read the above Waiver and Release, understand that we have given up substantial rights by signing it and sign it voluntarily.

(Parent/Guardian Signature)

(Date Signed)

Parent/Guardian Name (Please Print)

Relationship

