



MB Surf Tryout/Waiver Form 2025/2026

Player's Name _____

School _____ Grade _____ Date of Birth ____/____/____ **Age as of July 1, 2026** _____

Club VB Experience _____ Position (if Applicable) _____

Play on School Team (Yes/No)? ____ If so, which team? _____ (Var., JV, Frosh, 8th Grade, etc.)

Contact info:

Players Phone # (Cell) _____ Parents Phone # (Cell) _____

Parents (Guardian) Names: _____

Parents E-Mail Address: _____

Release and hold harmless agreement / Authorization for treatment of a minor: In consideration of participation in **2025-2026 MB Surf Volleyball Club** activities ("activities"), including but not limited to tryouts, clinics, workouts, practices, beach tournaments, AAU, JVA, SOCAL CUP, USAV, SCVA tournaments, competition, field trips and other activities, and with complete understanding said participant shall or may take a physical test of volleyball skills, I (we) understand and agree to the following: participant is hereby given my consent to participate in tryouts, clinics, workouts, practices, beach tournaments, AAU, JVA, SOCAL CUP, USAV, SCVA tournaments, competition, field trips and other activities with **MB Surf Volleyball Club in 2025 and 2026**. **1. EXPRESS ASSUMPTION OF RISK:** UNDERSIGNED hereby acknowledges and understands that the World Health Organization has declared COVID-19 a worldwide pandemic. COVID-19 is extremely contagious and spreads mainly from person-to-person contact. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions may have a higher risk for severe illness from COVID-19. There have been recommended guidelines and preventative measures put in place to reduce the spread of COVID-19; however, it CANNOT GUARANTEE that UNDERSIGNED will not become exposed to or infected with COVID-19, despite reasonable efforts to mitigate such dangers. Furthermore, the Activities could increase UNDERSIGNED's risk of contracting COVID- 19. By signing this Agreement, UNDERSIGNED acknowledges the extremely contagious nature of COVID-19 and voluntarily assumes the risk that UNDERSIGNED may be exposed to or infected with COVID-19 from the Activities, and that such exposure or infection may involve the RISK OF SERIOUS INJURY, ILLNESS, PERMANENT DISABILITY AND/OR DEATH. UNDERSIGNED understands that the risk of becoming exposed to or infected with COVID -19 by UNDERSIGNED's participation in the Activities may result from the actions, omissions, or negligence of others and/or UNDERSIGNED, including, but not limited to, the RELEASEES (as defined below). UNDERSIGNED hereby expressly assumes all such risks and dangers whether presently known or unknown.

The undersigned does hereby waive, release, acquit and forever discharge all coaches and others associated with **MB Surf Volleyball Club** and each of them from any and all acts, causes of action, claims, demands, damages, costs loss of service, expenses and compensation, on account of or which may in any way develop out of any and all known and unknown personal injuries or property damages which the player/participant may suffer during the course of or as a result of the participation in **MB Surf Volleyball Club** activities, including but not limited to the activities themselves, time spent after the activities, and travel to and from the activities. I hereby acknowledge that I am the lawful parent and/or guardian of the above-mentioned minor. I give authorization to any properly licensed physician or surgeon to provide medical care and/or emergency treatment when necessary. Any expenditure for care and treatment is my responsibility.

Print name of parent or guardian

Print name of player

Signature of Parent or Guardian

Date

Signature of Player

(IF AGE 18 OR OLDER FOR 2025/2026 SEASON)