



LOVELAND VOLLEYBALL CLUB

Waiver and Release

Player Name _____ Email _____ Phone _____
Parent's Name _____ Email _____ Phone _____
Emergency Contact _____ Phone _____

Waiver & Release for Loveland Volleyball Club

IN CONSIDERATION OF the registrant named above being allowed to participate in any Loveland Volleyball Club program(s), including but not limited to tryouts, leagues, tournaments, practices, camps, clinics, drop-ins and/or other athletic sports programs and recreational team activities (hereinafter the "Activities") I, the legal parent or guardian of the registrant, a minor, acknowledge and agree to the following:

- 1. I hereby give my approval for the registrant's participation in the Activities and that she is physically able to engage in the Activities without harm to self or others.
2. I recognize the possible risks of physical injury associated with the Activities, including risk of serious injury, permanent disability or death. Not all risks are foreseeable. For myself, spouse and registrant, I freely and knowingly assume all such risks, both known and unknown, and assume full responsibility for my registrant's participation.
3. I, for myself, my spouse, the youth and on behalf of my /our heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless Loveland Volleyball Club and its affiliated organizations, sponsors, members, officers, agents, staff, and associated personnel whether paid or volunteer against all claims, demands and causes of action relating to said risks resulting from participation in these Activities.
4. I understand that I am solely responsible for any cost arising out of any bodily injury, property damage, and medical evaluation and rescue expenses resulting from the registrant's participation in these Activities. I give consent for emergency medical care as deemed necessary through Emergency personnel, licensed Medical Practitioner or Doctor. This care may be given under emergency conditions as necessary to preserve the registrant's life, limb, health, or well-being.
5. I agree that the registrant and I will abide by all policy and rules of Loveland Volleyball Club, their affiliated organizations, sponsors and facility

I represent that I am the legal parent or guardian of the player/registrant listed or I am an adult signing for myself.

I CERTIFY that I have read the above acknowledgements and agreements, and I fully understand, I knowingly and voluntarily agree to the terms thereof.

Legal Parent/Guardian Signature Printed Name Date

Registrant Adult (18+ years) Printed Name Date