

WARRIORS VOLLEYBALL CLUB

WAIVER & MEDICAL RELEASE

I, the undersigned, hereby release and forever discharge any and all rights and claims for damages, including any claims, for loss, damages or injury to my person or property arising out of the performance or failure of performance of the WARRIORS VOLLEYBALL CLUB or the respective officers, agents, representatives, successors and/or assignees of the party named above, from any and all claims, demands and liability of every kind and nature, legal or equitable occasioned by or arising out of my participation in the club known as WARRIORS VOLLEYBALL CLUB.

I recognize the challenges of the sport (volleyball) in which I have chosen to participate and I assume all risks of personal injury or death in connection therewith. I attest that I am sufficiently physically fit to participate safely therein, and I have not been advised otherwise by a qualified medical person. I hereby consent to allow my picture or likeness to appear in any Club publications or promotions and without compensation to me.

I hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately able to do so. I understand that I am responsible for any charges incurred by me for medical treatment.

I have read the foregoing "Waiver & Medical Release" executed for _____ (print name of athlete) of whom I am either a parent or guardian, and I agree that I shall be bound by its terms and conditions as if I were signatory thereto. Furthermore, I hereby release the WARRIORS VOLLEYBALL CLUB, its officers, employees, agents and representatives, from any and all claims, which may accrue to me arising out of or in connection with the participation of _____ (athlete) in said Club, and I hereby agree to indemnify and save harmless the WARRIORS VOLLEYBALL CLUB from any damages or costs awarded to _____ (athlete) arising out of or in connection with his or her participation in said Club. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by _____ (athlete) for medical treatment.

Parent/Guardian Signature _____