

TEXAS OUTLAWS VOLLEYBALL WAIVER

Player First Name:	Last Name:	Date of birth:
Parent/Guardian First Name:	Last Name:	
Email:	Cell Phone:	
Emergency Contact name and cell phone		

In consideration of being allowed to participate in any way in the **Texas Outlaws Volleyball Club**, the undersigned:

- Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury including permanent disability and death, and severe social and economic losses which might result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
- Acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury and to be knowledgeable of where to contact assistance in the case of an emergency. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- Release, waive, discharge and covenant not to sue the **Texas Outlaws Volleyball Club**, their respective administrators, officers, directors, agents, **coaches** and other volunteers of the organizations, mentioned above, other participants, sponsoring agencies, corporate sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

In the event that injury or illness while competing in any **Texas Outlaws Volleyball Club** event, I hereby authorize any emergency first aid, medication, medical treatment or surgery necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency facility and/or hospital.

PARTICIPATION GUIDELINES AND WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

In consideration of being allowed to participate on behalf of Texas Outlaws Volleyball athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Texas Outlaws Volleyball, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY.

Printed name of participant: _____

Printed name of Parent/Legal Guardian: _____

Parent/Legal Guardian Signature: _____

Date signed: _____