

## VELOCITY VOLLEYBALL ACADEMY CLUB WAIVER OF LIABILITY

In consideration of being allowed to participate in any way in the Velocity Volleyball Club Clinics, and/or Velocity Volleyball Club Tryouts, and/or practices, and/or tournaments, its related events and activities,

I, \_\_\_\_\_ (Player), the undersigned, acknowledge, appreciate and agree to the following:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Velocity personnel immediately; and
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, Velocity Volleyball Academy, Jeni Hope, Bailie Cortner, Nicole Peacock, their officers, or officials, agent and/or employees, other participants, sponsoring agencies, sponsors and advertisers, WITH RESPECT TO ANY AND ALL INJURY, LIABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES 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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PARTICIPANT'S SIGNATURE**

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION)**

This is to certify that I, as a parent/guardian with the legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and for myself, my heirs, assigns, next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_ Date Signed: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

## VELOCITY VOLLEYBALL ACADEMY MEDICAL/EMERGENCY RELEASE

\_\_\_\_\_, VVA PLAYER, is hereby given my consent to participate in organized tryouts, practices, events, and competitions with the Velocity Volleyball Academy.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I, as parent/guardian of \_\_\_\_\_, also give my permission for my son/daughter to receive minor medication when the need may arise. The coach or other adult in charge will give this at the time. In the case of an emergency, or in the event I cannot be reached, I authorize emergency treatment for my child at the nearest recognized medical facility.

I, as parent/guardian of \_\_\_\_\_, also request that my child be permitted to travel with the Velocity Volleyball Academy. Should any illness or accident affect my child, I will not hold the Velocity Volleyball Academy, its officers, directors, coaches, or parent driver's responsible or liable for medical or other expenses incurred in the care of my child. This authorization is given pursuant to Mont. Code Ann. § 41-1-402 Validity of consent of minor for health services.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINTED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PARTICIPANT'S HEALTH INSURANCE PROVIDER

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
EMERGENCY CONTACT

\_\_\_\_\_  
PHONE NUMBER

\*You may email a photo of your insurance info to [velocity.vb.academy@gmail.com](mailto:velocity.vb.academy@gmail.com). Please put player name and age group in the Subject Line. Thank you.