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# Waiver and Release Form, Consent for Medical Treatment, Photo Release

## **Waiver and Release:**

Recognizing the possibility of physical injury associated with sports activities and in consideration of NRG VBC and/or P1 Beach accepting this registrant for sports programs and activities, I hereby waive, release and discharge the Association, it's Officers, all persons as its agents, any affiliated organizations, sponsors, their employees or associated personnel, and owners of the fields or facilities utilized for its programs, against any claims growing out of or resulting from injury to him/her as a result of this registrant's participation in any NRG VBC and/or P1 Beach programs, and/or being transported to or from the same, which transportation I hereby authorize.

I realize that NRG VBC and P1 Beach does not require any sport in the Association to carry liability and/or health insurance and that my child plays at his/her own risk. I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb or well-being of this registrant.

## **COVID-19 Addendum:**

By acknowledging this waiver and release form you recognize that there is a possibility to contact the COVID-19 virus and/or any other flu-like viruses while participating in events at the NRG Volleyball facility and/or any other facility that athletes might attend while being a member of an NRG Volleyball program or P1 Beach program. As so, you release and discharge the Association, it's Officers, all persons as its agents, any affiliated organizations, sponsors, their employees or associated personnel, and owners of the fields or facilities utilized for its programs, against any claims growing out of or resulting from contact or contracting the COVID-19 virus and/or any other viruses.

## **Consent for Medical Treatment**

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependant.

## **Player Media Release**

I, hereby give permission to NRG Volleyball and/or P1 Beach to use photographs, voice recordings, or video taken of my participating child during the games and events associated with NRG Volleyball and/or P1 Beach in any manner to help promote each program as determined in the sole discretion of NRG Volleyball and/or P1 Beach. Such use could include publications, media releases, announcements, electronic or otherwise, and on NRG Volleyball and/or P1 Beach websites or social media pages. I understand that neither I nor my child/ward will receive any compensation if such image appears in any of the manners listed above or any other manner that NRG Volleyball and/or P1 Beach deems appropriate. I agree that such image is the property of NRG Volleyball and/or P1 Beach.

**Acknowledgement of this Waiver: Each program that parents register for has a section to accept the NRG waiver/release. Upon checking this box a parent or guardian is verifying that that have read this waiver and accept this waiver.**