

**Adversity-Wisconsin Volleyball Club**  
**LIABILITY & MEDICAL RELEASE WAIVER**

I give \_\_\_\_\_ (participant name), permission to participate at the Adversity Training Center located at N113 W18750 Carnegie Drive, Germantown WI 53022.

**By signing this form I have read and understand, and agree to the following:**

1. I am fully aware that participation as an athlete or coach at Adversity Training Center can be dangerous and that minor or major injuries can occur. I accept the possibility of general injury risk and also the risk of catastrophic injury, paralysis, and even death.
2. I give my consent for any qualified staff member to secure any medical treatment or seek transport for myself in the event of injury.
3. I have been informed of all facilities usage expectations pertaining to the use of the indoor volleyball court prior to participating, and if I violate these, I may be subject to disciplinary action.
4. I certify that the participant has and will provide full medical insurance coverage with the primary insurance provider listed below.
5. I consent to participate at Adversity Training Center, being fully aware of the risks and possibility of injury involved. Direct adult supervision of participation is not assumed at all times.
6. I, my executors or other representatives, waive and release all rights and claims for damages that my I may have against Adversity-Wisconsin VBC, Dave Pauers & Shari Pauers at N113 W18750 Carnegie Drive Germantown 53022; as a result of injury from participation on or around Adversity Training Center at the address listed above.
7. I (or my parent or legal guardian) am at least eighteen (18) years old.

**Today's Date of Release:** \_\_\_\_\_

**Participants Signature & Email:** \_\_\_\_\_

**Parent Signature & Email:** \_\_\_\_\_

**Emergency Contacts & Phone:** \_\_\_\_\_

**Primary Insurance Provider:** \_\_\_\_\_

**List Allergies/Medical Conditions:** \_\_\_\_\_