



## Insurance and Release Form 2019 Developmental Play Sessions Program

**Insurance-** The Lower Hudson Volleyball Association carries a standard liability policy which does not include accident coverage. Therefore, individuals who do not have their own coverage participate at their own risk.

**General Release-** The undersigned hereby releases the Lower Hudson Volleyball Association, The Pelham Union Free School District, employees and volunteers thereof any responsibility should an accident or injury occur to the named participant in the Lower Hudson Volleyball Association Developmental Play Sessions Program.

**Hold Harmless Agreement-** This agreement contains a waiver of rights by the people signing it. Please read it carefully. If you have any questions or reservations, please do not sign it.

This agreement entered on (date)\_\_\_\_\_ by and between the Lower Hudson Volleyball Association and (participant)\_\_\_\_\_ and (parents or guardians)\_\_\_\_\_.

**Witnesseth-** In consideration of the participant being allowed by the Lower Hudson Volleyball Association to participate in this program and in consideration of the covenants and representations herein made, the participant and the parents/guardians do hereby agree as follows:

1. The participant and the parents/guardians do hereby release and discharge and agree to hold harmless the Lower Hudson Volleyball Association, The Pelham Union Free School District and its Board of Education and their members, officers, directors, employees and agents (including persons serving as volunteers) (hereby referred to as "the sponsors") individually and collectively of and from any and all liability, action, cause of action claim, demand and responsibility whatsoever in law and in equity, arising out of or in consequence of the participant in the program or being a passenger in a vehicle provided by the sponsor in conjunction with the program- including specifically but without limitation injury and/or death unless the same is caused by the gross negligence or willful misconduct of the sponsor.
2. The participant and the parents/guardians specifically acknowledge the potential of risk and injury involved in participation in the program and do hereby assume said risk and authorize the Association or its representatives to obtain emergency medical treatment for the participant should the same be necessary during the course of the program and should the Association or its representatives be unable to make immediate contact with the parents/guardians or participant shall be responsible for the costs of the emergency treatment.
3. It is understood and agreed that the Lower Hudson Volleyball Association and the Pelham Union Free School District shall not be required to maintain medical or hospital insurance coverage with respect to the program and those who participate in it.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_