



## Open Gym Waiver

Participant Name: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Parent Permission & Medical Release

I authorize the Molten Volleyball Club Staff to administer general first aid treatment for any minor injuries that may occur during any open gyms held during 2019, for my child/player \_\_\_\_\_ . If the injury sustained is life threatening or in need of emergency treatment, I authorize Molten Volleyball Club staff to summons any professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Molten Sports LLC, Gilbert Public Schools, Mesa Public Schools, Arizona Region of USA Volleyball, or its representatives as a result of any injury sustained by my child/player during the open gym. In case of an emergency,

Contact: \_\_\_\_\_ Relation to participant: \_\_\_\_\_

Phone # 1: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone # 2: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Print name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date