# Columbia Volleyball Academy (CVA)

# Waiver / Release of Liability

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Legal Guardian (please print) Program Participant (please print)

Participation in the CVA volleyball high school league, hereby release Columbia Volleyball Academy (CVA) and all CVA directors, staff and volunteers from any and all liability for damage to or loss of personal property, sickness or injury which might occur while participating in this program. Specifically, I release said persons from any liability or responsibility for my child’s physical condition, actions or for the actions of any other participants.

I have fully informed my child, and I am aware of the risks of participation in this program, which include but are not limited to, the possibility of sprained muscles and ligaments, concussion or head injury, broken bones, fatigue and more serious injuries. I hereby state on behalf of my child that my child is in sufficient physical condition to accept a rigorous level of physical activity. I understand my child’s participation in this program is strictly voluntary and I freely choose for my child to participate in this program.

Thus, my signature below is indicative of my own understanding and acceptance as well as of my child’s full understanding and acceptance of the terms of the above waiver and release of liability.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_

 Parent / Legal Guardian Signature Emergency Contact Phone #