



## Waiver and Release of Liability

I hereby acknowledge that participation in this sports clinic or private lesson and related activities is at the sole discretion and judgment of the parent or guardian of the participant and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless Craig Pitcher, Boost Volleyball Club and Clinics, and any of its coaches from any and all claims, actions, damages and liabilities for personal injury or other damage relating to or arising out of any sports club, lesson or clinic activity, except where the injury or damage is caused by the gross negligence of Craig Pitcher and Boost Volleyball Club and Clinics. Craig Pitcher, Boost Volleyball Club and Clinics and its coaches are not responsible for lost or stolen property.

\_\_\_\_\_  
(Participant Name)

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date Signed)

## Photo Release

By agreeing to participate in a clinic or private lessons with Boost Volleyball Clinics, LLC, I acknowledge that I am giving Boost Volleyball Clinics, LLC permission to use photographs of my child for promotional materials, advertising, editorial or other purposes. This may include, but is not limited to, clinic pictures, social media, newsletters, posters, brochures, ads, post cards and web pages.

Yes, I understand and agree to the above stated photo release for my child.

\_\_\_\_\_  
(Parent Signature)