



FreeState Volleyball Club (FVC)

Waiver / Release of Liability

I, _____, in consideration of my child's _____
Parent / Legal Guardian (please print) Program Participant (please print)
Participation in the FreeState Volleyball Clubs 2025/26 season, hereby release the (FVC) and all 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 #