



**ADULT PARTICIPANT  
WAIVER/LIABILITY RELEASE**  
Participant of Ocala Power United

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury or property damage.

With full understanding of such risks, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE NAMED PERSONS OR ENTITIES listed below, or others, and assume full responsibility for my participation. I hereby take the following action for executors, my administrators, heirs, next of kin, successors, assigns, and myself:

- A) I WAIVE, RELEASE, AND DISCHARGE from any and all claims liabilities for death or personal injury or damages of any kind which arise out of or relate to my traveling to and from my participation in any volleyball event.
- B) I AGREE NOT TO SUE any of the named persons or entities listed below for any of the claims or liabilities that I have waived, released, or discharged herein; and
- C) I INDEMNIFY AND HOLD HARMLESS the named persons and entities mentioned below from any claims made or liabilities assessed against them as a result of my actions.

NAMED PERSONS OR ENTITIES: Ocala Power United Volleyball Club, Marion County Juniors, Inc., ARMADILE, LLC, and their regional volleyball associations, tournament directors, sponsors, and the owners, officers, directors, employees, sub-contractors, representatives, and agents of any of the above.

PRINT Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_