

# Waiver, Participation, Release of Liability

## Participant Information

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In Case of an Emergency (other than parent listed above):

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

I am aware of the Recreational Programs provided by the City of Satellite Beach's Recreation Department, and Volleytech Academy and understand the inherent dangers involved with my participation in these programs and the dangers involved in transportation to and from these programs, including the risk of death and/or personal injury or damage to myself and/or my property while participating in such programs. I further understand and acknowledge that participants in such programs are not covered under insurance of the City, and that the City would not allow my participating in such programs absent my signing this release. I therefore, freely and voluntarily execute this release and with such knowledge, assume the risk of death, personal injury and/or property loss arising from or in any way connected with my participation in any recreation program offered by the City of Satellite Beach and Volleytech Academy.

I authorize and grant permission to the representative of the City of Satellite Beach Recreation Department or Volleytech Staff to obtain medical care from any licensed physician or hospital and/or medical clinic should I become ill or injured while participating in recreation activities away from home, or at other times when neither parent nor guardian is available to grant authorization from emergency treatment.

I hereby release and forever discharge the City of Satellite Beach, the City of Satellite Beach Recreation Department, Volleytech Academy and any and all agents of the department from any liability, claim, cause of action, demand or damages for injury, death or damages of any kind to me or to my property as a result of my participation in the recreation programs of the City of Satellite Beach Recreation Department and Volleytech Academy. I further waive, release, absolve and agree to indemnify and hold the City harmless, because of my participation in any recreational program sponsored by the City of Satellite Beach and Volleytech Academy.

By signing below, I acknowledge having read, understand, and agreed to the City of Satellite Beach's and Volleytech Academy Accident Release and Financial Responsibility Waiver

Parent or Legal Guardian Name (Please Print): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_