



## **Waiver of Liability and Assumption of Risk and Medical Release Agreement**

All player's parent/guardians must sign below on this Waiver of Liability and Assumption of Risk Agreement before participating in any athletic endeavors sponsored and/or sanctioned by Integrity Volleyball Club, LLC.

I am fully aware of the risks and hazards connected with volleyball or any sporting event.

I hereby take the following action:

I agree to assume all risks and responsibilities for any and all claims for damages including personal injury and medical expenses which may be incurred by participant while participant engages in any athletic events sponsored and/or sanctioned by Integrity Volleyball Club, LLC.

I am fully aware of the risks and hazards connected with volleyball or any sporting event. I recognize and understand that certain risks of harm are inherent and that there are dangers involved that cannot be foreseen.

I waive, release, discharge, and covenant not to sue Integrity Volleyball Club LLC, and their officers, directors, employees, representatives, and agents from any and all liability, claims, demands, and actions relating to any loss, damage, or injury that I could sustain during participation.

I further hereby agree to indemnify and hold harmless the persons or entities mentioned above from any loss, damage, or claims made of liabilities assessed against them as a result of my actions.

I agree that the player I am responsible for registering may participate in the 2019/2020 Tryouts, Club Season, Summer Camps, Clinics, Tournaments, Leagues and/or other events. In consideration of participation in any of these events, I agree, on behalf of registrant, his/her heirs, and representatives to fully and forever release, discharge, indemnify and hold harmless Integrity Volleyball Club, LLC., its agents, servants and employees from any and all claims, demands, damages, rights of action or causes, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in these events.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY REGISTRANT WHILE IN ATTENDANCE OF THESE EVENTS. I ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CLUB PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE REGISTRANT AND HAVE STATED THOSE NEEDS ON THE REGISTRATION FORM.

Also, I understand that all rules and regulations for the Leagues, Camps, Clinics, and/or Other Events will be enforced and any violation by the registrant will result in a call, to the parent or legal guardian, with a possible request to come and pick up the above individual (older players, who drive, may be asked to leave) with no refunds being given.

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date