

Emerald City Juniors Volleyball Club

Waiver & Release of Liability Form 2024-2025

NOTE: This form must be read and signed before the participant is allowed to take part in any Emerald City Juniors Volleyball club training, competition, tryout, or testing sessions. By signing this form, the participant affirms having read it.

Participant's Name: (Please Print) _____

Sponsoring Organizations include: USAV, **Emerald City Juniors Volleyball Club**, or any gym that Emerald City Juniors may use for clinics, practices or tournaments (schools and churches), Partners, and/or their officers, administrators, official agents, employees and/or coaches, vendors, staff and other representatives of the above mentioned organizations. In consideration of my involvement under the auspices of these sponsoring organizations, I acknowledge and agree that: 1) I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property; 2) I knowingly and freely assume all such risk; and; 3) I for myself, and on behalf of my heirs, assigns, and next of kin, hereby release from liability and hold harmless the following entities: USAV, Emerald City Juniors Volleyball Club, and/or their officers, administrators, official agents, employees and/or coaches, staff and other representatives with respect to any and all such injury, paralysis, dismemberment, death, and/or loss of or damage to property except that which is the result of gross negligence and/or willful or wanton conduct.

By signing below, I acknowledge that I have read and understand the above conditions, and have executed this waiver freely, voluntarily and understandingly.

FOR ATHLETES OF MINORITY AGE (under age 18 at time of registration)

This is to certify that I, as parent/guardian of this participant, do consent to his/her release of USAV, Emerald City Juniors Volleyball Club, Partners, and/or their officers, administrators, official agents, employees and/or coaches, vendors, staff and other representatives of the above-mentioned organizations from any and all liabilities incident to his/her involvement in the programs conducted by USAV and its Regional Volleyball Associations.

We have read the above Waiver and Release, understand that we have given up substantial rights by signing it and sign it voluntarily.

Participant's Signature: _____ Date Signed: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date Signed: _____

Emergency Contact Phone: (_____) _____

Email Address: _____