

Waiver / Liability Release

Participant of Will Power Volleyball Club

Player Name: _____

(Please Print)

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 a full understanding of the potential 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 myself, my executors, administrators, heirs, next of kin, successors and assigns:

- a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind which arise out of or relate to my travelling to and from or my participation in any volleyball event; and
- 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 or entities mentioned below from any claims made or liabilities assessed against them as a result of my actions.

NAMED PERSONS OR ENTITIES: Will Power Volleyball Club and its Regional Volleyball Associations, tournament directors, sponsors, and the owners, officers, directors, employees, sub-contractors, representatives, and agents of any of the above.

Players Signature (regardless of age): _____ **Date Signed:** _____

If player is less than 18 years of age, a parent or guardian must execute in addition to the foregoing Waiver / Liability Release form, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the player executes the foregoing Waiver / Liability Release Form for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver / Liability Release Form. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the named persons or entities named in the Waiver / Liability Release Form for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver / Liability Release Form.

Parent / Guardian's Signature: _____ **Date Signed:** _____

Printed Name of Parent / Guardian: _____