



SUMMIT SAND VOLLEYBALL  
Registration & Liability Release

## **Program: 2026 Summer Beach Season**

### **Participant Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

### **Physician/Insurance Information**

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Primary Insurance Co: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_

Does policy cover sport-related accidents?   **Y**   **N**

I agree to indemnify, defend, hold harmless and release Summit Sand Volleyball (SSVB), its officers, agents and employees from any and all lawsuit, damages, claims, judgments, loss, liability, or expenses arising out of (1) any death or personal injuries or property damage that I, my child or ward may sustain while using property or equipment owned by or under control of SSVB, or while participating in any activity sponsored by SSVB or, (2) any death or injury which results or increases by any action taken to medically treat me, my child or my ward. All of the terms above shall apply whether or not the alleged injury is caused by or arises out of any dangerous condition or property, or the alleged negligence or any acts or omissions of SSVB, its officers, agents or employees.

I also understand that SSVB does not carry insurance to cover participants in the activities in which I, my child or my ward am/is participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that I, my child or my ward may sustain during any of the activities.

I understand SSVB may take photographs and or record audio and video for the use in MVA publications and news releases without my consent. In the event of sudden illness, accident, or injury which may occur while said minor is engaged in an activity supervised by SSVB employees, when neither the agents nor guardians can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the state of Montana.

Parent Signature: \_\_\_\_\_

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