# SUMMIT SAND VOLLEYBALL

Registration & Liability Release

***Program: 2027 U12–U14 Non-Travel League***

SUMMIT SAND VOLLEYBALL
MISSOULA, MT

## PARTICIPANT INFORMATION

Player Name: _____ Grade: _____ Age: _____

Date of Birth: _____ School: _____

Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

T-Shirt Size (circle): YS YM YL AS AM AL

## EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN ABOVE)

Name: _____ Relationship: _____ Phone: _____

## PHYSICIAN / INSURANCE INFORMATION

Physician Name: _____ Physician Phone: _____

Primary Insurance Co.: _____ Group/Policy #: _____

Does this policy cover sport-related accidents? YES NO

Allergies, medical conditions, or medications coaches should know about: _____

_____

## RELEASE OF LIABILITY, ASSUMPTION OF RISK & CONSENT

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

**Assumption of Risk & Insurance.** I understand that SSVB does not carry insurance to cover participants in its activities. I understand that volleyball involves physical activity and risk of injury, and I assume the risk of any injuries that I, my child, or my ward may sustain while participating.

**Media Release.** I understand that SSVB may take photographs and record audio and video during league activities, and I consent to their use in SSVB publications, social media, promotional materials, and news releases.

**Emergency Medical Consent.** In the event of sudden illness, accident, or injury while the above-named minor is participating in an activity supervised by SSVB, and when the parent/guardian cannot be reached, I give my consent for emergency treatment as necessary under the circumstances by any physician licensed in the State of Montana.

*I have read this form, understand its terms, and sign it voluntarily as the parent or legal guardian of the participant.*

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____