



RELEASE OF LIABILITY & WAIVER AGREEMENT

In consideration for participating in any activity, event, or rental operating at 216 Tingley Lane, Edison, NJ and/or other affiliated locations of Conquest Volleyball / VOBA LLC, and/or using Conquest Volleyball's property, facilities, or services, I agree for myself and (if applicable) my child, family members, or members of group to the following terms:

1. AGREEMENT TO FOLLOW DIRECTIONS

I agree to follow all posted rules, safety guidelines, and warnings, as well as any verbal instructions from Conquest Volleyball staff, coaches, or representatives.

2. ASSUMPTION OF RISK & RELEASE

I acknowledge that volleyball and related activities carry inherent risks, including but not limited to physical injury, collisions, falls, or equipment accidents. I voluntarily assume full responsibility for any personal injury, loss, or damage sustained by myself, my family members and/or group members. I release and discharge Conquest Volleyball / VOBA LLC, its owners, staff, coaches, and affiliates from any liability or claims arising from participation or presence on the premises, whether caused by my actions, those of my family, Conquest Volleyball, or others.

3. INDEMNIFICATION

I agree to indemnify and hold harmless Conquest Volleyball / VOBA LLC from any claims, damages, or expenses (including attorney's fees) arising from my, my family's, or my group participation or use of the facility.

4. DAMAGE RESPONSIBILITY

I accept responsibility for any damage to Conquest Volleyball / VOBA LLC property or facilities caused by my, my family's, or rental group's negligent, reckless, or intentional actions.

5. MEDICAL AUTHORIZATION

In the event of an injury or medical emergency, I authorize Conquest Volleyball and its representatives to obtain necessary medical treatment for the participant. I agree to be financially responsible for all associated costs. This authorization remains valid until revoked in writing or upon completion of the activity. Conquest Volleyball and its representatives have the authority to:

- Seek medical attention or emergency care as needed.
 - Authorize treatment or procedures in emergency situations.
 - Make immediate safety and care decisions, including for nourishment or shelter.
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6. VOLUNTARY AGREEMENT

I acknowledge that I am signing this document voluntarily and without pressure. I understand I may review it with legal counsel before signing. If I choose not to sign, I may withdraw from participation.

SIGNATURE

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I UNDERSTAND THAT BY SIGNING, I VOLUNTARILY WAIVE CERTAIN LEGAL RIGHTS.

Participant Name: _____

Signature: _____

Date: _____

PARENTAL CONSENT (For Participants Under 18)

I, _____, consent to the participation of my

child, _____, in Conquest Volleyball activities and agree on their behalf to all terms of this Release. By signing, I confirm that I have full legal authority and custody over the above-named minor.