

WAIVER AND RELEASE

SAMBA VOLLEYBALL CLUB

I, the undersigned parent or guardian, in consideration of my child's participation in Samba Volleyball Club Tryouts do hereby, for myself, my child's, my heirs and executors, waive, release and forever discharge **Samba Volleyball Club** and its owners, affiliates, employees, sponsors, and agents of all injuries, claims, demands, damages, rights of action, present or future resulting from or arising out of my child's participation in any Samba Volleyball Club programs on or off the premises (which includes transportation to and from the clinics).

I, as a parent or legal guardian, understand the rigorous athletic activity and have actual knowledge and appreciation of the particular risks involved in participation in the Samba Volleyball Club. I hereby voluntarily consent to and assume full responsibility for my child's participation and assume the risks arising wherefrom, which may include psychological or physical injury, pain, suffering, illness, disfigurement, temporary or permanent paralysis and/or death.

I understand that **Samba Volleyball Club** does not provide health, accident, or any other insurance for my child while trying out for any Samba Volleyball Club team. Additionally, I hereby provide a grant of license and release to use photographs and/or videos of camp participants and activities for publication or promotion of future activities.

I HAVE READ AND UNDERSTAND THE WAIVER STATEMENT AND THE REGISTRATION INFORMATION. THE REGISTRATION IS NOT VALID WITHOUT A SIGNATURE.

Participant Name: _____ DOB: ____/____/____

Parent/Guardian Name: _____ Phone: _____

Parent Signature: _____ Date: _____