INVICTA PERMISSION AND CONSENT FORM FOR 2026 TRAVEL TOURNAMENTS
Invicta Sports LLC
Jurisdiction: State of Utah, USA

Participant Information (Minor):
Name: _____
Date of Birth: _____
Emergency Contact Name & Number: _____

Parent/Guardian Information:
Name: _____
Relationship to Participant: _____
Phone: _____ Email: _____

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1. Acknowledgment and Assumption of Risk

I, the undersigned, am the parent or legal guardian of the minor named above (the "Participant"). I understand and acknowledge that participation in a travel volleyball team organized by Invicta Sports LLC involves inherent risks, including but not limited to:

- Physical injuries (sprains, strains, broken bones, head injuries, etc.)
- Exposure to allergens (including food-related allergies)
- Transportation accidents while at travel tournaments
- Weather-related risks, environmental hazards, and other unforeseeable dangers

I understand that these risks could result in serious injury, illness, or death, and I voluntarily allow my child to participate fully aware of and assuming all such risks.

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2. Acknowledgment and Consent to Stay Overnight at Travel Tournaments

I understand that by signing this permission form that the Invicta travel volleyball team will stay overnight in hotels as a team. I understand that the participant will be in the same room with other teammates and may have to share a bed with another participant. I understand that it is against AAU and USA volleyball rules for adults or coaches to stay overnight in the same room with girls who are not their child. Coaches or Invicta supervisors will be in their own room close to participants' rooms. I understand that the participants' hotel room locations within the hotel may be assigned at the discretion of the hotel and may not be directly adjacent to coaches' rooms. Parents may stay at the same hotel as teams, but in accordance with the Invicta Travel Team code of conduct, the participant will be required to stay in a room with their teammates.

I give permission for the participant listed above to participate in the travel tournaments scheduled for the 2026 season and authorize the Invicta representatives and coaches supervising the travel events to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover all travel tournaments, travel while at the tournament, time while at hotels, recreational activities with the team, and tournament play.

The participant is responsible for his or her own conduct and is aware of and agrees to abide by the tournament rules, AAU code of conduct, USA Volleyball code of conduct, Invicta Athlete Code of Conduct, and any rules or requirements from Invicta coaches or supervisors.

Parents and participants should understand that participation in this travel volleyball club can be revoked if participants behave inappropriately or against the athlete code of conduct or if they pose a risk to themselves or others. Participants will be removed from the team for the rest of the season for violation of travel team rules.

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3. Release and Waiver of Liability

In consideration of my child's participation in the 2026 Invicta travel volleyball team, I, on behalf of myself, my child, our heirs, executors, and assigns, hereby **release, waive, discharge, and covenant not to sue** Invicta LLC, its employees, agents, officers, affiliates, volunteers, and representatives from any and all claims, liabilities, demands, actions, or causes of action, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in travel tournaments.

This includes but is not limited to claims related to:

- **Vehicle accidents**
- **Allergic reactions to food or environmental substances**
- **Injuries sustained during volleyball or travel activities**
- **Incidents, injuries, or harm, by other participants**

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4. Medical Treatment Authorization

I authorize Invicta LLC and its representatives to seek emergency medical treatment for participant if necessary and understand that all costs incurred will be my sole responsibility.

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5. Governing Law

This Waiver shall be governed by and construed in accordance with the laws of the State of Utah, without regard to conflict of law principles.

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5. Severability

If any provision of this Waiver is found to be unenforceable, the remaining provisions shall remain in full force and effect.

Acknowledgment of Understanding

I have read this Waiver and fully understand its terms. I understand that I am giving up substantial legal rights by signing it, including the right to sue. I sign this freely and voluntarily.

Signature of Parent/Guardian: _____
Print Name: _____
Date: _____