SHOCKWAVE VOLLEYBALL CLUB

PLAYER TRANSPORTATION WAIVER

I will allow my child to be transported by Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and any other coach or teammate to practice, tournaments, team bonding events, and any other special event. As a condition for the transportation received, I, for myself and my child, further agree to release and forever discharge Shockwave Volleyball Club and or its Coaches from any claim that I may have myself or that I could bring on my child’s behalf, with regard to any damages, demands or actions whatsoever, including those based on negligence, in any matter arising out of these transportations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I will allow transportation by Coach

(Initials)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I will allow transportation by other teammates

(Initials)

Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Player Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHOCKWAVE SOCAIL MEDIA RELEASE:

By signing below, I agree to allow Shockwave Volleyball Club to publish photos of my player/child that are taken during practice and or tournaments, team bonding or special events. I understand that these photos will only be used for promoting Shockwave Volleyball Club, sharing experiences and tournament placements. I also understand that it is my responsibility to update my coach if I would no longer like my player/child to be photographed.

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

Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_