

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in **Thunder Volleyball Club, LLC Summer Skills Clinic** (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me" which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age) knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity, and

I HEREBY release and forever discharge **THUNDER VBC, LLC** located at **800 S Raccoon Rd, PO Box 4502, Youngstown, OH 44515**, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS) ECONOMIC OR EMOTIONAL LOSS.

PARTICIPANT NAME (Print)

PARTICIPANT SIGNATURE

DATE (X/XX/XXXX)

PARENT/GUARDIAN NAME (Print)
(If under 18 years of age)

PARENT/GUARDIAN SIGNATURE

DATE (X/XX/XXXX)
