



My minor child, _____, has my permission to fully participate in all activities associated with **Pulse Sports Club (PSC)** and **Pulse Volleyball Club (PVC)**.

In connection with and consideration of my child's participation in the above named program, I, on behalf of my child and myself, my heirs, personal representative(s), hereby represent and agree as follows:

- **Readiness to Participate:** the student name above is physically and mentally able to participate in all activities associated with all physical activities conducted by Pulse Sports Club and its programs including Pulse Volleyball Club
- **Acceptance of Risk:** I recognize the potential for injuries, which can occur in any sport or exercise. I hereby consent to the above person participating in activities on equipment used by PSC and PVC and hereby agree to release PSC and PVC, its officers, employees, teachers and coaches from all liabilities from any and all damages and injuries suffered by my child while under instruction and supervision of any PSC activities (including but not limited to PVC activities).
- **Fully Informed:** I agree that my child must abide by all rules applicable to participation in the Program. Should my child require emergency medical treatment or first aid as a result of illness or injury associated with the Program's related activities, I consent to such treatment and/or first aid. The officers and staff of PSC/PVC have been informed of any special physical or mental conditions that could influence the type, duration, or intensity of training the student will receive. Please list allergies, medical conditions or medications that could affect participation in any activities:

- **Waiver and Release:** To the fullest extent permitted by law, I hereby release and covenant not to sue and to indemnify and hold harmless, PSC/PVC, its agents, partners, members, managers, officers, representatives, and its employees from and against all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person in any way arising out of or relating to my child's participation at PSC/PVC events or related activities, whether due to negligence, mistake or other action or inaction of PSC/PVC.

I CERTIFY THAT I AM 18 YEARS OF AGE AND OLDER AND THAT I AM THE PARENT/LEGAL GUARDIAN OF THE MINOR LISTED ABOVE AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND CONSENT FORM AND SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE

Signature

Date

Printed Name

Emergency Phone