

Shock Volleyball Tryout Medical Waiver & Release of Liability

Participant Information

Name: _____

Date of Birth: _____

Tryout Date(s): _____

Parent/Guardian Information

Name: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____

Phone: _____ Relationship: _____

Assumption of Risk and Release of Liability

I, the undersigned parent or legal guardian of the above-named participant, understand that participation in volleyball activities involves inherent risks including, but not limited to, physical contact with other players, floor surfaces, equipment, and other potential hazards. I voluntarily assume all such risks on behalf of my child.

I hereby release, discharge, and hold harmless Shock Volleyball, its directors, staff, coaches, volunteers, and facility representatives from any and all claims, liabilities, demands, actions, or causes of action arising out of or in connection with participation in tryouts or related activities.

Medical Authorization

In the event of an injury or emergency, I authorize Shock Volleyball staff or volunteers to seek medical treatment for my child. I understand that I am financially responsible for any medical care or transportation rendered in the event of such emergency.

Parent/Guardian Consent

I have read and understand this waiver and agree to its terms.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____