

## 2025 Chautauqua County Volleyball Club (CCVC) Liability Waiver

In consideration of you accepting this entry, I, \_\_\_\_\_, (the "Participant"), who am 18 years of age or over, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against any Chautauqua County Volleyball Club ("CCVC") coordinators, hosting venue, and all of other agents assisting with the Event(s) ("tournament, leagues, fundraiser, skills training, etc.") for any and all injuries to Participant or their personal property. This release includes all injuries and/or damages suffered by Participant or any guest of the Participant (including minors) during any Event(s) held by the CCVC. I recognize, intend and understand that this release is binding on our heirs, executors, administrators, or assignees.

I acknowledge that any event/sporting event could be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. I assume all risks associated with any CCVC Events, including, but not limited to: slips/falls, contact with other Participants, etc. and waive any and all claims which I might have based on participating in any CCVC Event. I acknowledge all such risks are known and understood by us. I agree to abide by all decisions of any Chautauqua County Volleyball Club (CCVC) coordinator relative to participant's ability to safely participate in these Events. I certify that if the Participant has a medical condition that The Chautauqua County Volleyball Club (CCVC) coordinators need to be aware of, I have disclosed that information.

In the event of an illness, injury or medical emergency arising during these Events, I hereby authorize and give our consent to the event coordinators/volunteers to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for participant's immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to the Participant, including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge having read and agreed to the above release and waiver AND having read and agreed to the rules listed below.

Further, I grant permission to all the foregoing to use the Participant's name, voice and images of the Participant in any photographs, motion pictures, results, publications or any other print, videography or electronic recording of this league for legitimate purposes.

This waiver will be valid for all CCVC Events and venues that take place in the calendar year 2025 unless otherwise revoked by the Participant.

**Absolutely NO unsportsmanlike conduct will be tolerated at Events.** You can be permanently removed from an Event, at the discretion of the event coordinators, at any time. The event coordinators have the final say with regards to any situations that happen at any CCVC Event. If you are removed from an Event, no refund will be given.

Print Name (Participant) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_