



Power Volleyball Club, LLC

Waiver of Liability, Assumption of Risk Agreement, Informed Consent

All players and player parent / guardians must sign the following Waiver of Liability and Assumption of Risk Agreement before participating in any athletic endeavors sponsored and / or sanctioned by Power Volleyball Club, LLC.

I am fully aware of the risks and hazards connected with volleyball or any sporting event. I hereby take the following action:

1. I agree to assume all risks and responsibilities for any and all claims for damages including personal injury and medical expenses which may be incurred by participant while participant engages in any athletic events sponsored and / or sanctioned by Power Volleyball Club, LLC.
2. I am fully aware of the risks and hazards connected with volleyball or any sporting event. I recognize and understand that certain risks of harm are inherent and that there are dangers involved that cannot be foreseen.
3. I waive, release, discharge, and covenant not to sue Power Volleyball Club, LLC, and their officers, directors, employees, representatives, and agents from any and all liability, claims, demands, and actions relating to any loss, damage, or injury that I could sustain during participation.
4. I further hereby agree to indemnify and hold harmless the persons or entities mentioned above from any loss, damage, or claims made of liabilities assessed against them as a result of my actions.

In signing this release, I acknowledge and represent that I have read the foregoing **Waiver of Liability and Assumption of Risk Agreement**, understand it and sign it willingly: no oral representations, statements or inducement, apart from the foregoing written agreement, have been made. I hereby bind myself and the minor participant named below to the terms of the waiver of Liability. I represent that I have legal capacity and authority to act for and on behalf of the minor named below. I hereby give my permission for _____ to participate in the Power Volleyball. Further, I authorize any Power Volleyball Club Staff members, Coach / Assistant Coach to obtain emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and for them to perform such treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. My child and I are aware that participating in volleyball is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, and the effects of weather, traffic and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me and I agree to hold the coaches and Power Volleyball Club harmless in case of injury to my child.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's Printed Name _____

Parent's Signature _____ **Date** _____

Address _____ **Contact Numbers** _____

Emergency Contact Person _____

Emergency Contact Relationship _____ **Contact Number** _____