

Savannah River Select Volleyball Club Waiver & Liability Release Form 2023-24

Note: This form must be read and signed before the participant is allowed to take part in any Savannah River Select volleyball club tryout, testing session, training, or competition. By signing this form, the participant affirms having read it.

Participant's Name: (Please Print) _____

In consideration of being allowed to participate in any way in any Savannah River Select volleyball club program, related event and activities, I the undersigned, acknowledge, appreciate and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, as well as the potential for possible exposure to, and illness from, infectious diseases including but not limited to MRSA, influenza, and COVID-19.
- 2) I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and
- 3) I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately, and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Savannah River Select volleyball club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, and liability arising out of or related to any illness, injury, disability, or death that I may suffer, or loss or damage to person or property whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

By signing below, I acknowledge that I have read and understand the above conditions, and have executed this waiver freely, voluntarily and understandingly.

For Athletes of Minority Age (under age 18 at time of registration)

My signature below, certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kins, I release and agree to indemnify and hold harmless Savannah River Select volleyball club, and all releasees, from any and all claims, demands, losses, and liability incidents to my minor child's involvement or participation in these programs as provided above, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Emergency Contact # _____