

Liability Waiver



Participants Name: _____

Participants Age: _____ Date of Birth: _____ e-Mail: _____

Street: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Please describe any medical conditions of which we should be aware: _____

Describe any medications currently being taken: _____

Describe any allergies: _____

I acknowledge that volleyball or any sporting event is an extreme test of a person’s physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN A VOLLEYBALL EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: The Academy for Volleyball – Cleveland, Aurora Volleyball Club LLC, The Edge Sports Performance Academy, Pinnacle Sports, coaches, league directors, league coordinators, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. I grant to Aurora Volleyball Club LLC, the right to use my name, likeness, and image, in print, video, or electronic media form, in promotional materials.

I certify to the best of my knowledge that the participant named heron is physically fit to engage in volleyball activities. If, during the course of volleyball activities, I or my child become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Participant Signature: _____

If participant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the participant executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Parent Signature: _____

Date: _____