

WAIVER AND RELEASE FORM

Players Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Release

My child has permission to attend and participate in the junior volleyball club program, including leagues, camps, clinics, club, tryouts, practices, training programs and/or other events with Metro Heat VBC. I fully understand and agree that athletics, physical training and competition can be dangerous and can lead to serious injury or possibly death regardless of how careful any person, firm or facility might be. Further, I give permission to Camp Directors to treat my child or arrange for medical care or treatment for my child in any situation deemed reasonably necessary. If circumstances permit, CAMP STAFF shall attempt to communicate first via telephone with the emergency contact for child.

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver of Liability and Hold Harmless Agreement

Waiver of Liability and Hold Harmless Agreement I, the player’s parent/legal guardian, understand the nature of sports and the player’s experience. I release, discharge, covenant not to sue and agree to indemnify, save and hold harmless Metro Heat VBC, it’s agents, coaches, volunteers and other staff and representatives from any and all claims arising out of or in connection with child’s participation in any program with Metro Heat VBC. Any and all liability claims, demands, losses or damages on this player’s account caused or alleged to be caused in whole or in part by the negligence of Metro Heat VBC and its agents, coaches and other staff. I further agree that if, despite this release, I, the player or anyone on the player’s behalf makes a claim against Metro Heat VBC and its agents, coaches and other staff, I will indemnify, safe and hold harmless Metro Heat VBC and its agents, coaches and other staff from any litigation expenses, attorney fees, loss liability, damage, or any costs incurred as a result of any such claims.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Photo Release

I understand that photography and/or video of participants may be procured during activities and used in promotional materials, including publication on the Metro Heat VBC website, Facebook page and/or Instagram account. I consent to the use of images or likenesses of my child for promotional purposes by Metro Heat VBC.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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COVID-19 Addendum:

By acknowledging this waiver and release form you recognize that there is a possibility to contact the COVID-19 virus and/or any other flu like viruses while participating in events with Metro Heat VBC. AS so, you release and discharge Metro Heat VBC, all persons as its agents, representatives, coaches, volunteers, any affiliated organizations, sponsors, their employees or associated personnel and owners of the fields or facilities utilized for its programs, against any and all claims arising out of or resulting from contact or contracting the COVID-19 virus and/or any other viruses.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_