

Waiver/Liability Release

Participant of Inland Volleyball Club/Inland Sports, Inc.

Printed Player Name: _____

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 KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE NAMED PERSONS OR ENTITIES listed below or others, and assume full responsibility for my participation. 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;
- b) I AGREE NOT TO SUE any of the named persons or entities listed below for any of the claims or liabilities that I have waived, released or discharged herein;
- c) I INDEMNIFY AND HOLD HARMLESS the named persons or entities mentioned below from any claims made or liabilities assessed against them as a result of my actions; and
- d) I UNDERSTAND that I may be the subject of photographs, motion picture films, video and/or sound recordings and I give consent to this use for an indefinite period of time.

NAMED PERSONS OR ENTITIES: Inland Volleyball Club/Inland Sports, Inc. and its Regional Volleyball Associations, tournament directors, sponsors, and the owners, officers, directors, employees, subcontractors, representatives, and agents of any of the above.

I hereby authorize the Inland Volleyball Club/Inland Sports, Inc. Staff to act for me according to their best judgment in an emergency requiring medical attention. I hereby give permission for the Inland Volleyball Club /Inland Sports, Inc. Staff to seek during the period of the event appropriate medical attention for the participant and for the medical attention to be given and for the participant to receive medical attention in the event of accident, injury, or illness. I hereby waive and release Inland Sports, Inc. and the Inland Volleyball Club Staff from any and all liability or any injuries incurred while at the Inland Sports Inc. activity. I understand that Inland Sports Inc. does not carry insurance covering injuries that my child may sustain and they cannot be held responsible. I certify that the participant is covered by a medical insurance policy, in case of illness or injury and that I will be responsible for any and all costs of medical attention and treatment.

Player's Signature (regardless of age)

Date Signed

If player is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver/Liability Release Form, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the player executes the foregoing Waiver/Liability Release Form 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/Liability Release Form. 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 named persons or entities named in the Waiver/Liability Release Form 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/Liability Release Form.

Parent/Guardian's Signature

Date Signed

Printed Name of Parent/Guardian