

Insurance Coverage
RELEASE OF LIABILITY – PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way with Mission Volleyball Club Clinics and/or Mission Volleyball Club Tryouts, and/or practice and/or tournaments, its related events 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, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and
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 stated and customary terms and conditions for participation, I will remove myself from participation and bring such to the attention of the Company 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, Mission Volleyball Club, Maclyn Eick, Kevin O'Shea, Bishop Alemany High School, their officers, officials, agent and/or employees, other participants, sponsoring agencies, sponsors, and advertisers, WITH RESPECT TO ANY AND ALL INJURY, LIABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by the 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

Age

Date Signed

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with the 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 kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE

(_____)_____
Emergency Phone #

Date Signed

**MISSION VOLLEYBALL CLUB
WAIVER OF LIABILITY AND MEDICAL/EMERGENCY RELEASE**

_____ (player) is hereby given my consent to participate in organized tryouts, practices, events and competition with Mission Volleyball Club.

Parent/Guardian Signature

Date

For good consideration, the undersigned does hereby waive, release, acquit and forever discharge Mission Volleyball Club, its officers and directors, collectively and individually, coaches, other club members, players practicing with the club, volunteer parents assisting with club activities and any and all persons directly and indirectly associated with Mission Volleyball Club, and each of them from any and all acts, causes of action, claims, demands, costs or expenses on account of or which shall in some way develop out of any and all known and unknown personal injuries and property damages which the player/participant may suffer during the course of or as a result of the participation in all club activities including, but not limited to tryouts, practices, tournaments, and travel to and from club events.

I as parent/guardian of _____, also give my permission for my player to receive minor medication when the need may arise. The nurse or other adult in charge will give this at the time. In case of emergency, or in the event I cannot be reached, I authorize emergency treatment for my child at the nearest recognized medical facility.

I, as parent/guardian of _____, also request that my child be permitted to travel with Mission Volleyball Club. Should any illness or accident affect my child, I will not hold Mission Volleyball Club, its officers, directors, coaches, or parent driver's responsible or liable for medical or other expenses incurred in the care of my child. This authorization is given pursuant to California Civil Code Section 25.8.

Parent/Guardian Name (printed)

Date

Parent/Guardian Signature

(_____)_____
Phone Number

Printed Address

(_____)_____
Second Phone Number

Participant's Health Insurance Provider

Policy Number

Emergency Contact

(_____)_____
Phone Number