

Northern Lights Volleyball Club

Waiver and Release of Liability

By signing this form, the participant and parent / guardian affirm having read it.

Participant's Name: _____
(Print)

Parent's / Guardian's Name: _____
(Print)

Sponsoring Organization: Northern Lights Volleyball Club

In consideration of my involvement under the auspices of this sponsoring organization, I acknowledge and agree that:

1. I risk bodily injury including paralysis, dismemberment, and death, as well as loss of or damage to property;
2. I knowingly and freely assume all such risk; and
3. I, for myself, and on behalf of my heirs, assigns, and next of kin, hereby release and hold harmless, and promise not to sue the United States Volleyball Association, its regional volleyball association, the Northern Lights Volleyball Club, their officers, official agents, and/or employees, schools or organizations furnishing gyms, classrooms or other related facilities, with respect to any and all such injury, paralysis, dismemberment, death, and/or loss or damage to property except that which is the result of gross negligence and/or willful or wanton misconduct.

I have read the above waiver and release. I understand that I have given up substantial rights by signing it voluntarily.

Parent / Guardian:

This is to certify that I, as parent / guardian of the participant, do consent to her release of the United States Volleyball Association from any and all liabilities incident to her involvement in the programs conducted by the USVBA, its regional volleyball association, or the Northern Lights Volleyball Club. We have read the above waiver and release and understand that we have given up substantial rights by signing it voluntarily.

Date

Parent's / Guardian's Name (Print)

Parent's / Guardian's Signature

Player's Name (Print)

Player's Signature