

TEXSTAR VOLLEYBALL CLINIC

Waiver and Release Form

This must be completed and signed in all areas by the player and her parent/guardian. By signing this form the participant and parent/guardian affirms having read it.

Player name: _____

Parent or Guardian

In Case of Emergency, Contact:

Name

Name

Address

Home phone

City, State, Zip

Work phone

Home phone

Cell phone

Work phone

Primary Insurance company

Physician Name

Insurance Policy #

Physician Phone #

Does this policy cover sports related injuries? ___ Yes ___ No

(Player name) _____ has my permission to participate in the TEXSTAR Volleyball Clinic and to the best of my knowledge is physically fit to engage in the activities of the TEXSTAR Volleyball Clinic. 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 OR OFFICIATING IN A VOLLEYBALL EVENT and waive and release TEXSTAR Volleyball Inc. and RICE CONSOLIDATED Independent School District for any and all liability for any injuries or illnesses that incurred while at this clinic. I have no knowledge of any medical problems or physical impairments that would keep me from participating or being injured while participating.

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 and liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relates to my traveling to and from or my participation in the TEXSTAR Volleyball Clinic, THE FOLLOWING PERSONS OR ENTITIES: The TEXSTAR Volleyball Clinic as well as all staff, officials and representatives related to these organizations; 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.

Participant's signature (regardless of age) _____

Date Signed _____

If applicant 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 applicant executes the foregoing Waiver and Release for and on behalf of the fore-mentioned minor. 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. I fully consent to my child's participation in the TEXSTAR Volleyball Clinic.

Parent/Guardian Printed Name

Parent/Guardian's Signature

Date Signed