



AFTERSHOCK VOLLEYBALL WAIVER OF LIABILITY FORM

The Aftershock Volleyball Club and its staff are committed to providing high quality programs that are safe and that will maximize the enjoyment one receives from participation. Sports activities, by their very nature, may present circumstances that place the person(s) in or at the activity at some risk of injury. The potential of injury varies significantly depending on the type of activity and intensity of involvement.

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my players' participation and,
3. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE AFTERSHOCK VOLLEYBALL CLUB, its officers, agents, coaches, designated volunteers, or employees from any liability or claim or action for damages resulting from or in any way arising out of the participation of my player in any Aftershock Volleyball Club sports program(s). I further understand and agree: (1) to assume all risks inherent in the activities which are available and in which I or my player(s) may voluntarily participate, and understand that these activities involve risk to my or my player's person and property and (2) to assume the risks, if any, arising from the conditions and use of equipment and facilities. I further understand that there may be risks and dangers not reasonably foreseeable at this time.
4. In the event of injury or illness while my participant is attending Aftershock Volleyball Club activities, I hereby authorize the Aftershock Volleyball Club to consent to medical treatment on behalf of my child as deemed necessary and I agree to be financially responsible for any costs incurred as a result of such treatment.
5. I also give consent for any visual/video images, in which this participant may appear, to be used solely for the promotion of Aftershock Volleyball Club and I waive any right to inspect, approve, or be compensated for the use of such images.

IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of

_____, (Print All Participants' Names)
who is a minor, and has my permission to voluntarily participate in Aftershock Volleyball Club activities.

I CERTIFY THAT I HAVE READ AND UNDERSTAND 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.

(Parent or guardian must sign for participants under 18 years of age)

X _____ Parent Email: _____
Signature (Parent/Guardian)

_____ Parent Phone #: _____
Print Parent/Guardian Name

Date: _____

PLEASE PRINT, SIGN AND BRING THIS FORM TO AFTERSHOCK VOLLEYBALL SPORTS
CLINICS AND EVENTS