

# Dynamic Impact Volleyball Club



## WAIVER AND RELEASE LIABILITY FORM

NOTE: This form must be read and signed before the participant is allowed to take part in any training, league, competition, meeting, or testing sessions. *By signing this form, the participant affirms having read it.*

**PARTICIPANT'S NAME:** (Please print) \_\_\_\_\_

Sponsoring Organizations: ***Dynamic Impact Volleyball Club***

In consideration of my involvement under the auspices of the sponsoring organizations, 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 knowing and freely assume all such risk; and
3. I, for myself, and on behalf of my heirs, assigns, and next of kin, hereby release, hold harmless and promise not to sue ***Dynamic Impact 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, understand that I have given up substantial rights by signing it and sign it voluntarily.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date Signed)

### FOR ATHLETES OF MINORITY AGE (Under age 19 at the time of registration)

This is to certify that I, as a parent/guardian of the participant, do consent to his/her release of ***Dynamic Impact Volleyball Club*** from any and all liabilities incident to his/her involvement in the programs conducted by ***Dynamic Impact Volleyball Club***. We have read the above Waiver and Release, understand that we have given up substantial rights by signing it and sign it voluntarily.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Relationship

