

Waiver and Release of Liability

Note: This form must be read and signed before the participant is allowed to take part in any training, competition, tryout, etc. The participant affirms having read it.

PARTICIPANTS NAME: Please Print _____

Sponsoring Organizations: USA Volleyball, TNT Volleyball, Inc. and Aptakistic Tripp CCSD #102

In consideration of my involvement under the auspices of these 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 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, hold harmless and promise not to sue USA Volleyball, and its Regional Volleyball Association, TNT Volleyball, Inc., and Aptakistic Tripp CCSD #102, 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.

Participants Signature

Date

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

This is to certify that I, as a **parent/guardian** of the participant, do consent to his/her release of USA Volleyball, TNT Volleyball, Inc. and Aptakistic Tripp CCSD #102 and all liabilities incident to his/her involvement in the programs conducted by USA and TNT Volleyball, Inc.. We have read the above *Waiver and Release of Liability* and understand that we have given up substantial rights by signing it.

Parent/Guardian **Signature**

Date

Parent/Guardian Name (**Please Print**)

Relationship

“TNT Volleyball, Inc.....It’s Dynamite!”