



WAIVER AND RELEASE OF LIABILITY FORM
USA V/AAU – NC Elite Volleyball Club

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

Participant Name: _____ (Please Print)

Sponsoring Organizations USA Volleyball, North Carolina Elite Volleyball Club, NetSports Management, Davis Recreational Facilities and KAT Partners their officers, administrators, official agents, employees and/or coaches, staff and other representatives of the above-mentioned organizations. 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 from liability and hold harmless the following entities: USA Volleyball, North Carolina Elite Volleyball Club, NetSports Management, Davis Recreational Facilities and KAT Partners their officers, administrators, official agents, employees and/or coaches, staff and other representatives with respect to any and all such injury, paralysis, dismemberment, death, and/or loss of or damage to property except that which is the result of gross negligence and/or willful or wanton conduct. By signing below, I acknowledge that I have read and understand the above conditions, and have executed this waiver freely, voluntarily and understandingly.

This is to certify that I, as parent/guardian of this participant, do consent to his/her release of USA Volleyball, North Carolina Elite Volleyball Club, NetSports Management, Davis Recreational Facilities and KAT Partners their officers, administrators, official agents, employees and/or coaches, staff and other representatives of the above mentioned organizations from any and all liabilities incident to his/her involvement in the programs conducted by USA Volleyball and its Regional Volleyball Associations. We have read the above Waiver and Release, understand that we have given up substantial rights by signing it and sign it voluntarily.

Participant's Name

Parent/ Guardian Name/ Relationship - PLEASE PRINT

DATE

Parent/ Guardian Signature - SIGNED

DATE

Emergency Contact Phone: _____ E-mail Address: _____