

ASSUMPTION OF RISK

In consideration of **ABSOLUTE VOLLEYBALL CLUB**: Absolute Volleyball, the staff, and club officers hereinafter referred to as Organizers, allowing the undersigned, hereinafter referred to as Participant, to engage in various athletic endeavors, including but not limited to athletic games, events, practice sessions, conditioning sessions, and activities incidental thereto, the undersigned hereby agree to the following:

1. Participant recognizes and understands that certain risks of harm are inherent and that there are dangers involved that cannot be fully foreseen and over which the Organizer has no control, which could result in property damage, bodily injury or death.
2. **Participant understands that there are dangers and inherent risks in playing or practicing to play in any sport including VOLLEYBALL, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my body and general health and well being.**
3. The Organizers strongly suggests that the Participant seek medical advice prior to engaging in any part of the various athletic endeavors, including but not limited to athletic games, events, practice sessions, conditioning sessions, and activities incidental thereto.
4. Participant agrees to assume all risks and responsibilities for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by Participant while Participant engages in athletic games, events, practice sessions and conditioning sessions.
5. I acknowledge that photographs and videotapes may be taken during athletic games, events, practice sessions, etc. and allow reproductions of these photographic materials to be used in promotional activities initiated by ABSOLUTE VOLLEYBALL CLUB.
6. Participant understands that if he/she is caught with or drinking any alcohol or possession of illegal drugs then the Organizer will contact the participant's parent or guardian and will be asked to leave the premises and will not be allowed to participant in any other events hosted by Absolute Volleyball.
7. **FOR BEACH EVENTS:** I understand and assume all risk for participant and all family members when attending events at The Craig Ranch, in Frisco.
8. I have read the above agreement and foregoing and have willingly signed the same for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is 18 years of age or older and otherwise competent to execute this instrument or that his/her legal guardian is also signing this agreement.

Date: _____

Athlete's/Participant's Name: _____

Athlete's/Participant's Signature: _____

Parent or Guardian:

Print Name: _____

Phone No.: _____

Accepted by:

Parent's or Guardian's Signature: _____

Release Permission to Treat and Emergency Information

As custodial parent or court-appointed guardian of _____ ("Athlete"), I do for both of Child's parents and for Child, release Absolute Volleyball Club (AVC) and any of its representatives and coaching staff from all claims arising out of or connected with Child's participation in any AVC program. I provide this release because I am mindful that athletics, physical training and competition can be a dangerous undertaking regardless of how careful or prudent any person, firm or facility might be. Further, I give permission to AVC to treat Child or arrange for medical care or treatment for Child in any situation deemed reasonably necessary by AVC or staff. If circumstances permit, AVC shall attempt to communicate first via telephone with the following emergency contacts for Child:

Primary Emergency Contact:

(Name and relationship)

(Telephone number(s))

Secondary Emergency Contact:

(Name and relationship)

(Telephone number(s))

In the event neither emergency contact can be reached or if the urgency of the situations requires immediate attention without prior telephone contact, AVC may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form. Health Insurance, PPO information for Child is as follows:

Insurance Company: _____ Policy # _____
Address: _____ City _____ State _____ Zip _____
Telephone: _____

In order to seek appropriate medical care or treatment of child, please disclose the following:

Allergies: _____
(Please specify, enter "None" or leave blank)

Heart Disease or other: _____
(Please specify, enter "None" or leave blank)

Any other conditions, symptoms, or disability which would or might affect medical care or treatment or participation in the DSJVA camps: _____
(Please specify, enter "None" or leave blank)

Date: _____

Witness: _____
(Custodial parent or court appointed guardian)

Registration

Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Please send this form to Absolute via...

Mail: 1909 Baltimore Dr, Allen, TX 75002

Fax: (888) 914-0325

Hand Deliver: First Day of Practice