

**STORM VOLLEYBALL CLUB**  
**LIABILITY WAIVER/REGISTRATION**

\_\_\_\_\_, athlete, is hereby given my consent to participate in organized tryout, practices, and competition with Storm Volleyball Club. This form must be *read and signed* before the volleyball parent, player or observer listed below is allowed to take part in any training, competition, practice, warm-up sessions, meeting or testing sessions.

I/We, the undersigned, certify that the above participant is in good physical health and is able to participate in all activities of the above-named program. With a full understanding of the potential risks, I HEREBY ASSUME THE RISK OF PARTICIPATION IN A VOLLEYBALL EVENT.

I/We also understand and acknowledge that there are inherent dangers and risks involved with participation in the above-named program which include, but that are not limited to those ranging from minor injuries to serious catastrophic injuries, including permanent disability and death, as well as property loss and severe social and economic losses. These risks include but are not limited to, those caused by (a) the actions, omission or negligence of other coaches, participants, competitors, volunteers, spectators; (b) condition of the premises or equipment used; (c) rules of play; (d) temperature; (e) weather; (f) conditions of participants or competitors.

I understand that I/We should be covered during the dates of the program above by a private medical and liability policy, and I/We further understand that City of Chula Vista, City of San Diego and Storm Volleyball Club does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above and named program.

Therefore, in consideration of the above-named participant being permitted to participate in the above-named program, I/We hereby agree to assume all risks and responsibilities surrounding his/her participant in the above-named program. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s), and I/We agree to strictly observe them. Further, I/We do for myself, my heirs, executors, and administrators hereby accept full responsibility for my child's participation and agree to indemnify, release and discharge *City of Chula Vista, City of San Diego, Marleena Catalan, Storm Volleyball Club, it's officers, employees, agents, coaches, volunteers, visitors, other players or persons* who may be present and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions of the above-named participant during their participation in above named program. This agreement is binding of myself, my heirs, next of kin, assigns, and personal representatives.

I fully and voluntarily assume complete responsibility for those risks and for the injuries that may occur as a result of those risks, even if injuries occur in a manner that is not foreseeable at the time I sign this agreement. I, the undersigned, agree to release all from liability, discharge, and promise not to sue.

Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Storm Volleyball Club to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Storm Volleyball Club and it's assigns to utilize any and all photographs, videos and/or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in it's promotional materials or team films.

I also request that my child be permitted to travel with Storm Volleyball Club. Should any illness or accident affect my child, I will not hold Storm Volleyball Club, officers, directors, coaches, volunteers, and/or parent drivers responsible or liable for medical expenses in the care of my child. This authorization is given pursuant to Section 25.8 of Civil Code of California.

I have read and agreed to the terms of conditions of the Registration Agreement.

Athlete Name \_\_\_\_\_ Athlete Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent's Email \_\_\_\_\_ Parent's Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent Printed Name \_\_\_\_\_