

TRIUMPH VOLLEYBALL ACADEMY

SAND/GRASS VOLLEYBALL

Clinics, Camps, Tournaments, and Leagues
(For the calendar year of 2019)

Player/Participant Name: _____

In case of emergency, contact:

Name

Phone

Please Read Before Signing

In consideration of being allowed to participate in today's volleyball tournament, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program can be significant, including the potential of permanent paralysis and death. While certain rules, equipment, and personal discipline reduce the risk, the risk does exist.
2. I knowingly and freely assume all such risk both known and unknown, even if arising from the negligence of the releases or others, and I assume full responsibility for my or my minor child's participation; and
3. I willingly comply with the stated and customary terms and conditions for participation. If, however, I observe significant hazard during my presence of participation, I will remove myself or my minor child from participation and bring such to the attention of the nearest official immediately; and
4. I for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby hold harmless Triumph Volleyball Academy/Steve & Danene Guglielmana, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, with respect to any and all injuries, disability, death or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent of the law.

For Parents or Guardian of Minor (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases. And for myself, my heirs, assigns, and next of kin I release and agree to indemnify and hold harmless Triumph Volleyball Academy/Steve & Danene Guglielmana from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising out of their negligence, to the fullest extent of the law.

I have read the release of liability and assumption of risk agreement; fully understand the terms and that I have given up substantial rights by signing it. I sign it freely and voluntarily without any inducement.

Participant's Signature _____

Parent/Guardian's Signature (If under 18) _____

Date _____

Authorization to treat a minor: In case of emergency, I consent to have my child treated at an emergency room or hospital. It is understood that an effort shall be made to contact the undersigned prior to the rendering of any treatment, but that treatment will not be withheld if the undersigned cannot be reached.

Signed: _____ Date: _____

YES / NO I give permission for photos of myself, or my child to appear on TVA's web pages.