

# 2015-2016

## Southern Performance & Legacy Sports

### VBC ACTIVITY WAIVER

I, \_\_\_\_\_, wish to engage in a **SPVB/Legacy Sports Activity** in an attempt to increase my physical fitness level for competitive volleyball and to improve my overall athletic performance. I understand that Team Sting Open Gym is strictly voluntary.

I understand that the purpose of this program is to develop correct fitness techniques as well as improve my on-court performance. Through this process, I will be asked to perform physical activities that will develop cardiovascular/respiratory fitness, flexibility, strength and endurance. **This SPVB/Legacy Sports Activity** is designed to develop these skills and strengths and at times may cause me to have soreness in different muscle groups.

I understand that I am responsible for informing Adriane Wheat, a Southern Performance Staff member, or Ashley Atkinson, Legacy Sports, if I have any unusual symptoms that occur. I will cease participation and immediately inform a coach or other member of the Southern Performance Staff if I believe I have injured myself.

I understand that I am only allowed to participate in this **SPVB/Legacy Sports Activity**, if I or my parent or guardian has insurance coverage that covers me of accident and injury while participating in this physical activity program.

I also understand that I agree to assume the risk of such **SPVB/Legacy Sports Activity** and agree to hold harmless the coach, the director, and any other staff of Team Sting from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the **SPVB/Legacy Sports Activity**.

Also, participants in the **SPVB/Legacy Sports Activity** agree to hereby release Southern Performance Volleyball Club, Julie Dailey, Legacy Sports administration and staff and any other affiliates with this program if an accident should occur. In the event that an accident might occur, **I authorize that proper medical treatment to be administered.**

By signing this waiver and consent, I acknowledge that I have read this form in its entirety and that I understand the nature of the **SPVB/Legacy Sports Activity**. I also acknowledge that my questions regarding these clinics have been answered to my satisfaction.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I waive, release and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is a result of gross negligence and/or wanton misconduct of persons or entities listed below, which arise out of or are related to my participation in, or my traveling to and from the volleyball event, the following persons or entities: the director, sponsors; and the officers, directors, employees, representatives, and agents of any of the above; b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that have waived, released or discharged herein; c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

THE PLAYER IS UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE. THE PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent/guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.) The undersigned Parent or Guardian (circle one) of \_\_\_\_\_ hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

**MEDICAL INFORMATION:**

Please list all medications that child is currently taking and for what reason:

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Please list all illness, injuries or surgeries that the Team Sting Staff needs to be aware of or that could inhibit the player from participating in a volleyball training session.

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Years Played: \_\_\_\_\_

Insurance Coverage Company	Policy Number	Group Number/Phone Number
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Signature of Participant	Date
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Parent/Legal Guardian	Date
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