

# TNT VBC

## WAIVER AND RELEASE OF LIABILITY FORM (2009-2010)

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

Participant's Name: (Please Print) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ - \_\_\_\_\_

Age Group: (Circle One) 14 - 16 - 17/18

In consideration of my involvement under this sponsoring organization (TNT Volleyball Club), I acknowledge and agree that:

1. I risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property.
2. I knowingly and freely assume all such risk
3. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue TNT VBC, it's Director, Coaches, Employees and or it's practice facilities, with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or willful or wanton misconduct.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### FOR ATHLETES OF MINORITY AGE (UNDER THE AGE OF 18 AT TIME OF REGISTRATION AND/OR TRY-OUT)

This is to certify that I, as parent/guardian of this participant, do consent to her release of TNT Volleyball Club, it's Director, Coaches, Employees and or it's practice facilities from any and all liabilities incident to her involvement in the programs conducted by TNT Volleyball Club. We have read the Waiver and Release and understand that we have given up substantial rights by signing it and sign it voluntarily.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Relationship

