

Minnesota Freeze Volleyball Club

Open Gyms 2023 WAIVER AND RELEASE OF LIABILITY

Player Name: _____

Player DOB: _____ Grade: _____ School: _____

Parent/s Name/s: _____

Parent Email: _____

Parent Emergency Contact Number: _____

How did you hear about Freeze Volleyball: _____

Are you planning to try out? YES MAYBE NO

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN A VOLLEYBALL EVENT.

I hereby authorize the staff of Minnesota Freeze Volleyball Club to act accordingly to their best judgment in any emergency requiring medical attention, and I waive and release the event/s and Minnesota Freeze Volleyball Club, Athletic Gaines, and Chanhassen High School from any accidents, injuries or illnesses incurred while at the event/s. I have no knowledge of any physical impairment that would be affected by the participant's participation in the camp/s.

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 Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, even if arising from negligence of the Releasees, to the fullest extent permitted by law.

Participant's Name:

_____ Date: _____

Parent/Guardian's Signature (if registrant is under 18 years of age):

_____ Date: _____

Notes: