



Waiver of Claims and Release from Liability 2019

By signing this document, you are assuming risks that may have financial and other consequences for you and/or your family should you be injured while participating in the activity described below. The undersigned athlete (the "Athlete") wishes to participate in _____.

_____ (*the athlete*) acknowledges and agrees that in exchange for and as a condition of his/her Participation in the activity listed above, he/she shall assume full responsibility for any injury that may be sustained in connection with his/her participation in the activity listed above. The Athlete further acknowledges that:

- She is aware that participation in the activity listed above may be hazardous and could result in injury.
- She is in satisfactory physical and mental condition to safely participate in the activity listed above;
- She has disclosed to the Instructors of any allergy or other medical condition that may affect his/her ability to safely participate in the activity listed above;
- She is competent to sign this document and
- She has read and understands the terms of this document.

Accordingly, the Athlete hereby releases the Lakeside Volleyball club Inc, its agents, employees and volunteers from all liabilities, claims, demands, actions and causes of action of any nature whatsoever arising from or related to any injury, including loss of life, that the Athlete may sustain, howsoever arising, including any damage, loss, theft or destruction of property, injury or death resulting from the negligence of Lakeside Volleyball Club, its agents, employees or volunteers, while attending at, participating in or travelling to the activity listed above.

Signed on the _____ Day of _____, 2019

Athlete's Name _____

Athlete's Signature _____

Parent/Guardians Signature _____