

## WAIVER AND RELEASE

In consideration of being permitted to participate in the Arizona Storm VBC tryouts, clinics, camps, open gyms and club season. I hereby waive, release, and discharge, the Arizona Region, USA Volleyball, Arizona Storm VBC, ASU, Madison #1/District, Sunny Slope HS/District and their owners, officers, agents, employees, and volunteers from any and all claims for personal injury, death, or property damage which may accrue as a result of my presence at the tryouts, clinics, camps, open gyms and club season. This agreement is intended to discharge in advance Arizona Storm VBC, Arizona Region, USA Volleyball, ASU, Sunny Slope HS/District, Madison #1/District, and their owners, officers, agents, employees, and volunteers from and against any and all liability, claims, demands, and causes of action arising out of or related to any loss, damage, or injury that may be sustained by the undersigned, including anything that may arise out of negligence on the part of Arizona Storm VBC, Arizona Region, USA Volleyball, ASU, Sunny Slope HS/District, Madison #1/District or their owners, officers, agents, employees and volunteers from including its own sole or active negligence.

I understand that participating in the tryouts, clinics, camps, open gyms and club season can include physical and/or strenuous exercise or activity and I certify that I am physically able to participate in any such activity in the tryout, clinic, camp, open gym or club season. I understand that serious accidents can occur during volleyball and those participants in and spectators of such activities may sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless I request permission to participate in the tryouts, clinics, camps, open gyms and/or club season for all activities and hereby agree to assume any and all risks of injury or death and to release and hold harmless Arizona Storm VBC, Arizona Region, USA Volleyball, ASU, Sunny Slope HS/District, Madison #1/ District and their owners, officers, agents, employees, and volunteers from who through negligence, carelessness, or other acts or omissions might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risk are binding on my heirs, assigns, and potential subrogees, including any insurance company and/or HMO.

I further agree to hold harmless Arizona Storm VBC, Arizona Region, USA Volleyball, ASU, Sunny Slope High School/District and Madison #1/District and their owners, officers, agents, employees, and volunteers from any loss, liability, damage, or expense, including attorney fees, that it may incur as a result of any injury and / or property damage that I may sustain or cause while in the tryouts, clinics, camps, open gyms or club season and I further agree to reimburse any expense that Arizona Storm VBC may incur if any litigation arises because of any claim made by me or another injured by my actions in the tryouts. I agree not to sue any of the persons or entities mentioned above from any claims or liabilities that I have waived, released, or discharged herein; and 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.

**I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF LIABILITY OF ARIZONA STORM VBC, ARIZONA REGION, USA VOLLEYBALL, ASU, SUNNY SLOPE HS/DISTRICT, MADISON #1/DISTRICT, AND THEIR OWNERS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS AND BY MY SIGNATURE INTENTIONALLY RELINQUISH ANY RIGHTS AS SET FORTH ABOVE.**

I, as parent/guardian with legal responsibility for this participant, authorize Arizona Storm VBC to administer first aid treatment for any injuries to the participant during the tryouts, clinics, camps, open gyms and club season. If the injury requires emergency treatment, I authorize Arizona Storm VBC to summon any or all professional emergency personnel to attend, transport and treat the participant. I understand that I and or my medical insurance are solely responsible for all bills and claims that may be filed as a result.

I, as parent/guardian with legal responsibility for this participant, consent and agree to the release on behalf of the participant, as provided above, and, for myself, my heirs, assigns, and potential subrogees, I release and agree to hold harmless, Arizona Storm VBC, Arizona Region, USA Volleyball, ASU, Sunny Slope HS/ District and Madison #1/ District from all liabilities incident to my minor child's participation in the tryouts, clinics, camps, open gyms and club season as provided above, even if arising from any negligence on the part of Arizona Storm VBC, Arizona Region, USA Volleyball, ASU, Sunny Slope HS/District, Madison #1/ District and their owners, officers, agents, employees, and volunteers to the fullest extent permitted by law. I have instructed the minor as to the above warnings, conditions and their ramifications.

|   |  |               |
|---|--|---------------|
| _____<br>Printed Name of Participant      | _____<br>Signature                     | _____<br>Date |
| _____<br>Parent / Guardian's Printed Name | _____<br>Parent / Guardian's Signature | _____<br>Date |