

Northeast Classic Team Camp

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE NORTHEAST CLASSIC VOLLEYBALL TEAM CAMP, including any risks that may arise from negligence or carelessness on the part of a person or people competing in the Northeast Classic Team Camp or associated with Northeastern Junior College, Re-1 Valley Schools, or Merino High School.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the volleyball team camp in which I am participating in, and that it will govern my actions and responsibilities at the above locations.

In consideration of my participation in this camp, I hereby take action for myself for the following:

(A) I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the persons I am competing with or against or anyone who is associated with the entities above and/or their facilities, for my personal injury, disability, property damage, property theft, or actions of any kind which may hereafter occur to me.

(B) I WILL BE RESPONSIBLE FOR MY ACTIONS AND PROMISE NOT TO SUE the persons or organizers of this camp from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of myself or another source at the afore mentioned facilities.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Age

Participant Signature (if under 18
Parent/ Guardian must also sign)

Date

Parent/Guardian Signature