

**RELEASE FORM AND PERMISSION WAIVER**  
**PLEASE RETURN THIS FORM COMPLETELY FILLED OUT WITH PAYMENT**

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 take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I 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. In consideration of the rights and privileges granted to me by my membership with the RVA, a USAV Group D Member, by signing this membership form, I certify that

I have read and understand the Waiver and Release of Liability; I understand that I have given up substantial rights I (or my parent or legal guardian) am at least eighteen (18) years old; I agree and consent to abide by the Waiver and Release of Liability set forth herein

**Participants Signature :** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.** The Undersigned parent and natural guardian or legal guardian on the applicant ( \_\_\_\_\_ [minor's name]) executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I have also received the USAV Participant Code of conduct and have reviewed the Code with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in RVA/USAV events.

\_\_\_\_\_ **Parent/Guardian's Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**PLEASE MAKE CHECKS OUT TO: Fusion Volleyball, inc**

**Email questions: [KvalentinoVB@gmail.com](mailto:KvalentinoVB@gmail.com) or call 630-995-5308**

- \_\_\_\_\_ **8/2/10 Avalanche Youth VOLLEYBALL CAMP (AGES 7-12) \$40**
- \_\_\_\_\_ **8/3/10 Avalanche Youth VOLLEYBALL CAMP (AGES 7-12) \$40**
- \_\_\_\_\_ **8/4/10 Avalanche Youth VOLLEYBALL CAMP (AGES 7-12) \$40 or \$100 for all 3 days**

Athlete's First & Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

PRINT EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_

BEST # TO USE DURING CAMP HOURS: \_\_\_\_\_

EMERGENCY #: \_\_\_\_\_

T-SHIRT SIZE: S M L

**XL**