

PARTICIPANT ATHLETES NAME: _____ D.O.B: _____



AGE DIVISION: _____

SCHOOL: _____

AAU ID: _____ USAV ID: _____

Release of Liability & Photograph / Media Consent

This release of liability and waiver is for participants under the age of 18 years old.

Parent or Legal Guardian's Name Print: _____

Phone: _____ Email: _____

I, the parent/guardian of the above-named participant, acknowledge that I have read and understand the risks associated with participating in volleyball activities with Shasta Elite Volleyball Club (SEVC). I understand that participating in volleyball involves physical activity and may result in injury, illness, or death.

I acknowledge that my child is under the age of 18 and that I, as their parent/guardian, am signing this release of liability and waiver on their behalf. I confirm that my child is in excellent physical condition and fully capable of participating with Shasta Elite Volleyball Club. I confirm that the child has no medical condition or physical limitation that would restrict them from safely taking part in all training and competitive activities.

I understand that this release is a complete and binding contract and that I am signing it of my own free will. I agree that I will not sue or bring any cause of action against Shasta Elite Volleyball Club, its coaches, Director, volunteers, practice facilities, affiliates for any damages or injuries that my child may suffer as a result of participating in volleyball activities. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my child's participation in a volleyball event can cause any or all of the following: property damage, including loss or damage to personal property; serious injury (including athletic injuries such as broken bones, concussions, or other injuries); sickness and disease (including communicable diseases and viruses); trauma; pain & suffering; permanent disability; exposure to extreme conditions and circumstances; accidents involving other participants; contact or collision

with other participants, playing surfaces, balls, or other natural or manmade objects; and, paralysis and death.

With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN A VOLLEYBALL EVENT ON BEHALF OF MY CHILD.

I hereby take the following action for myself, my child, 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, exposure to disease, 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 child's traveling to and from or participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: SEVC, its directors, coaches, volunteers, practice facilities, and affiliates;

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 Shasta Elite Volleyball Club, its directors, coaches, volunteers, practice facilities, and affiliates from any and all liability, claims, or expenses arising from my child's participation in volleyball activities.

Signature:

- Parent or Legal Guardian's: _____ Date: _____

Photography & Media Consent

By participating in or attending Shasta Elite Volleyball Club practices, tournaments, clinics, or events, players, parents, and spectators grant permission for photos and videos to be taken. Shasta Elite Volleyball Club reserves the right to use this media for club promotion, social media, marketing, and website content without financial compensation.

Privacy & Restricted Areas

Restricted Locations: Photography and video recording are strictly prohibited in restrooms, locker rooms, or changing areas. Safety First: Equipment (tripods, cameras, recording setups) must not obstruct walkways, player benches, or active court play.

Opt-Out Request

Parents or legal guardians who do not wish to have their player's photo published on public channels must submit a written request to club administration prior to participation. We will make reasonable efforts to honor opt-out requests during individual or staged team photos.

I have read and understood the terms and conditions mentioned in this waiver. I voluntarily signed this agreement of my own free will.

(Parent or Legal Guardian's)

Name: _____ Signature: _____

Date: _____

(Athlete's)

Name: _____ Signature: _____

Date: _____