



Citrus Fusion Volleyball Club, Inc.

Junior Participant Waiver/Liability Release

PLAYER NAME _____ DOB _____ AGE _____

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 full understanding of such risks, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the named persons or entities listed below, or others, and assume full responsibility for my participation. I hereby take the following action for executors, my administrators, heirs, next of kin, successors, assigns, and myself:

A) I WAIVE, RELEASE, AND DISCHARGE from any and all claims liabilities for death or personal injury or damages of any kind which arise out of or relate to my traveling to and from my participation in any volleyball event.

B) I AGREE NOT TO SUE any of the named persons or entities listed below for any of the claims or liabilities that I have waived, released, or discharged herein; and

C) I INDEMNIFY AND HOLD HARMLESS the named persons and entities mentioned below from any claims made or liabilities assessed against them as a result of my actions.

NAMED PERSONS OR ENTITIES: Citrus Fusion Volleyball Club, Inc.
and their regional volleyball associations, tournament directors, sponsors, and the owners, officers, directors, employees, sub-contractors, representatives, and agents of any of the above.

Player Signature if 18 or older _____ Date _____

MINOR CONSENT: If player is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver/Liability release Form, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the player executes the foregoing Waiver/Liability Release Form 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/Liability Release Form. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein; and agree to indemnify and hold harmless named persons or entities named in the Waiver/Liability Release Form for any claims and liabilities assessed against them as a result of any insufficiency or my legal capacity of my authority to act for and on behalf of the minor in the execution of the Waiver/Liability Release Form.

PRINT Name of Parent/Guardian _____

SIGNED Name of Parent/Guardian _____ Date _____

ADDRESS _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____