



# Fall Indoor Training 2021 Registration Form

Please choose an option for Fall Clinics in October as spots are limited:

- U13 - U14 (7<sup>th</sup>/8<sup>th</sup>)    Sundays    Oct 3<sup>rd</sup> 10<sup>th</sup> 17<sup>th</sup> 24<sup>th</sup>    from 1:00 - 1:50 PM    for \$100
- U15 - U16 (9<sup>th</sup>/10<sup>th</sup>)    Sundays    Oct 3<sup>rd</sup> 10<sup>th</sup> 17<sup>th</sup> 24<sup>th</sup>    from 3:00 - 4:50 PM    for \$100
- U17 - U18 (11<sup>th</sup>/12<sup>th</sup>)    Sundays    Oct 3<sup>rd</sup> 10<sup>th</sup> 17<sup>th</sup> 24<sup>th</sup>    from 5:00 - 6:50 PM    for \$100

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Name of player: Last: \_\_\_\_\_ First: \_\_\_\_\_

Name of parent: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address - Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Club team played on last year: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Best contact phone for parent: \_\_\_\_\_

Best email for parent: \_\_\_\_\_

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## LIABILITY RELEASE

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 OR OFFICIATING 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: Reach Volleyball Club, 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

### **RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

#### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of REACH Volleyball Club and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and any variant of COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS REACH Volleyball Club and all their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

I give permission for \_\_\_\_\_ to fully participate in REACH Fall Indoor Training 2021.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_