

Elevation Volleyball Series – Waiver

Print Name of Participant _____ Team Name _____ (permanent team)

I, the undersigned, desire to participate in the above-described activity. In consideration for being allowed to so participate, I hereby, for myself, my heirs, executors, and any other person or entity who may have a right to make a claim through me or on my behalf, release and forever discharge Elevation Adult Series, Dayton VBC, Jerry Malicki, Chris Conner, any Officials and any other tournament directors or entity acting on behalf of the above organizations, from any and all claims, demands, and causes of actions that could be based upon my death, personal injury, and/or any other damages or losses which I might sustain while participating, preparing to participate, and/or while observing others participate in the above-described activity. In making this release, I hereby acknowledge and promise that I will determine the risks involved in my participation prior to any such participation. I further understand that this release relieves the above-described persons and entities from any and all responsibility for my safety and that I hereby undertaken to insure my own safety.

Signature: X _____ Date: _____

Complete the both top and bottom portions if the participant is a minor

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DISPUTE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULTS OF ANY SUCH CLAIM.

PRINTED NAME OR PARENT/GURADIAN:

ADDRESS: _____

(Street)

(City)

(State)

(Zip)

Phone: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of (18):

X _____