

Zoom Volleyball Club TRYOUTS/OPEN GYMS



PLAYER: _____ CLUB AGE: _____ GRADE: _____

SCHOOL: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

Emergency CONTACT NAME & NUMBER: _____

MEDICAL CONDITIONS: _____

PREVIOUS ZOOM PLAYER? YES NO

ARE YOU TRYING OUT FOR A SPECIFIC TEAM OR POSITION? IF SO, PLEASE LIST:

CLUB V-BALL EXPERIENCE: _____

RECREATION / SCHOOL V-BALL Experience: _____

WAIVER AND RELEASE OF LIABILITY – ZOOM VOLLEYBALL

NOTE: This form must be read and signed before any player is allowed to take part in any try out, open gym, competition, training, OR practice/warm-up sessions taking place during the Zoom Volleyball Club's Season.

1.) 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 the potential for 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.**

2.) 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, which arise out of or relate to my traveling to and participation in any volleyball event, *the following persons or entities: HOA, USAV, ZOOM VOLLEYBALL CLUB*, all of their directors, coaches, sponsors, officers, employees, representatives and agents of the club;

b) I **agree not to sue** any persons or entities listed above for any of the claims or liabilities that I have waived, released, or discharged herein;

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.

By signing this form, I agree that I will be participating in Zoom Volleyball Summer/Fall Tryouts and Open Gyms for the current season. I also affirm that I have read this document, understand its contents, and comply with its terms. If I am under the age of eighteen (18), my parent/guardian has read and complies with the terms of this document. I fully consent to my child's participation in HOA, USAV, and Zoom Volleyball events.

Parent Signature (Print and Sign): _____ Date: _____