

ADAM JOHNSON VOLLEYBALL CLUB

Consent for Participation and Waiver/Release of Liability

I hereby give my consent for _____ (“Player”) to participate in organized
(player’s name)
tryouts, practices, and competition with or on behalf of the Adam Johnson Volleyball Club (“Club”).

Parent/Guardian Signature Date

Street Address

City, State () Telephone Number

I understand and acknowledge that if accepted into the Adam Johnson Volleyball Club (“Club”) program, Player will be participating in athletic practices, conditioning, matches and tournaments, each of which presents the possibility of injury despite the exercise of reasonable and ordinary care and supervision. In consideration of Player’s acceptance for participation in the activities of the Club, I hereby waive, release, acquit, and forever discharge Club, its owners, officers, directors, coaches, members, players practicing with the Club, volunteer parents, and any and all persons directly and indirectly associated with the Club, and each of them (the “Releasees”) from any and all liability to the undersigned, and to my representatives, heirs and assigns, for any personal injury, property loss or damage or other damages, and any claims or demands therefor on account of any injury to person or property, whether or not caused by any negligence of the Releasees, which may arise in any manner from or as a result of participation in Club activities including, but not limited to, tryouts, practices, tournaments, and travel to and from Club events, activities and competition. I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE WHILE PLAYER IS PARTICIPATING IN CLUB ACTIVITIES.

I hereby further agree to indemnify and hold the Releasees harmless from any loss, liability, damage or cost they may incur as a result of Player’s participation in Club activities in their presence or under their supervision.

I also give my permission for Player to travel with Club, and its volunteer parent drivers, to Club events, activities and competitions. Should Player become ill, or be involved in any accident, I hereby release the Releasees, from all liability or responsibility for such illness or accident, and from any liability for medical or expenses incurred in or necessary for the care of my child as a result of such occurrence.

Parent/Guardian Signature Player Signature Date

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Medical/Emergency Consent and Release

I, parent or guardian of _____ (Player) give my consent for Player to receive minor medication and/or emergency first aid treatment when and if the need arises. Such minor medication and/or first aid will be administered by the Club’s trainer or other adult in charge at the time.

In case of emergency or in the event I cannot be reached, I hereby authorize the Adam Johnson Volleyball Club, and its authorized representative, to obtain emergency medical treatment for my child (Player) at the nearest medical facility. A photocopy of this Consent and Authorization will be as valid as the original for the purposes of authorizing emergency care or treatment by a hospital, emergency care center and/or physician.

Parent/Guardian Signature Date

Street Address

(____)_____
Telephone Number

City, State

(____)_____
Cell phone Number

Additional Emergency Contact Information:

Name _____

Telephone Number _____

Cell Phone Number _____