



## All Angles Volleyball Training Participant Waiver

I (participant) \_\_\_\_\_ understand that participation in volleyball or any sporting event may involve the risk of injury. As a participant, I am aware of these hazards and I am voluntarily participating in the All Angles Volleyball Training practice, tournament, or rental, with knowledge of the risks involved. I agree to accept any and all such risks of injury, death, and/or property damage.

In case of injury or illness, I give permission to be treated by qualified medical personnel in the event of injury. I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills.

In regards to the ongoing Coronavirus pandemic, participants release All Angles Volleyball Training from any liability, recognizing and accepting the dangers of participating in close contact activities. Participants can do their part by affirming they will not, now nor in the future, enter the facility if they, nor any member of their immediate family members, are experiencing the following symptoms: fever, fatigue, dry cough, or difficulty breathing.

I waive, release and agree to hold harmless All Angles Volleyball Training and its members, officers, directors, employees, volunteers, agents or any other representatives of All Angles Volleyball Training against any and all causes of actions, claims, demands, losses, and/or expenses. In addition, I understand that my conduct, if deemed inconsistent with the rules and guidelines of All Angles Volleyball Training may result in my expulsion from all programs.

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 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. Any photographs or video taken while participating in any program or event, are the property of All Angles Volleyball Training and may be used at their discretion. This waiver will cover all participating in any said All Angles Volleyball Training event for a period of no more than 1 year from the day it is dated and signed. I agree to fully read the All Angles Volleyball Training rules and guidelines and agree to abide by all things covered.

**I acknowledge reading this Waiver Statement,**

**Participant (Signature)(regardless of age) \_\_\_\_\_ Date \_\_\_\_\_**

**\*\*If the applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor. The undersigned parent and natural guardian or legal guardian of the applicant (\_\_\_\_\_[minor's name]) executes the foregoing Waiver and Release 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 and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of the insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in All Angles Volleyball Training events.**

Parent/Guardian's Name (if registrant is under 18 years of age): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## Photograph and Publicity Release Form

I, \_\_\_\_\_, give *All Angles Volleyball Training* permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *All Angles Volleyball Training* activities. I agree that *All Angles Volleyball Training* has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with *All Angles Volleyball Training* mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release *All Angles Volleyball Training* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to *All Angles Volleyball Training* to use my name and likeness to promote the *All Angles Volleyball Training* program, its fiscal agent, and/or their activities.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent / legal guardian (if age 17)

\_\_\_\_\_  
date

***I do not give my consent*** to *All Angles Volleyball Training* use my name and likeness to promote *All Angles Volleyball Training*, its fiscal agent, and/or their activities.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
parent / legal guardian (if age 17)

\_\_\_\_\_  
date