

# Southwest Volleyball Waiver of Liability

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Students Grade in Fall: \_\_\_\_\_

**\*\* Waiver of Liability \*\***

I hereby authorize the staff of the National Champion Volleyball Camp to act for me according to their best judgment in any emergency that may require medical attention.

I hereby waive and release Lakeshore Public Schools, Christ Lutheran Schools, Lake Michigan Catholic Schools, Lisa Gathright and National Champion Volleyball Camp from any and all liability for all injuries or illnesses incurred while at camp.

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_