

Southwest Volleyball Waiver of Liability

Student Name: _____

Address: _____

City, State, Zip: _____

Parent's Name: _____

Phone number: _____ Cell number: _____

Email Address: _____

**** Waiver of Liability ****

I hereby give my child permission to participate in Southwest Volleyball Club. I hereby waive and release Southwest Volleyball Club in addition to all hosting facilities from any and all liable for all injuries and illnesses that might occur as a result of participation. I have adequate hospitalization insurance to cover such injuries. I will be responsible for any injuries and medical emergency that may occur to my child during tryouts, practice or other Southwest Volleyball Club activities.

Date: _____

Parent Signature: _____