

Southwest Volleyball Waiver of Liability

Player's Name: _____

Address: _____

Birthdate: _____

Grade: _____

Age: _____

School: _____

Parent's Name: _____

Phone 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.

Parent Signature: _____ Date: _____