**WAIVER AND RELEASE FORM CLUB Teams**

Waiver and Release Statement (this form must be signed by a parent and/or guardian before participation in any Chicago Bounce event)

I acknowledge that volleyball or any sporting event is an extreme test of a person’s physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.

I hereby take the following action for executors, my administrators, heirs, next of kin,

Successors, assigns and myself:

a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event. THE FOLLOWING PERSONS OR ENTITIES; Chicago Bounce VBC, Chicago Bounce Volleyball Club Officers and Coaches, USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees representatives, and agents of the above;

b) I AGREE NOT TO SUE any of the persons or entities listed above for any claims of liabilities that I have waived, released or discharged herein; and

c) 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.

I have read and understood the *Waiver and Release of Liability* and give the participant listed below my permission to participate in Chicago Bounce Volleyball Club Tryouts For the 2016/2017 Season.

Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_