



Girls' / Co-Ed Volleyball Sand Clinic Waiver

April 2018
Clinic Days | Thursdays 5:30-8:00pm
4/5, 4/12, 4/19, 4/26
Aviano Community Park

I, (print name of parent/guardian/adult participant) _____ understand that my or my child/dependent/ward's (collectively referred to herein as "my child") decision to participate in the Avalanche Athletics LLC Sand Volleyball Program skills clinic is entirely voluntary. I understand that participating in sports has inherent risks of personal injury. I also understand that Avalanche Athletics LLC does not assume any responsibility for my or my child's safety in connection with the Sand Volleyball Program. In consideration for my or my child's being permitted to participate in the Avalanche Athletics LLC

Sand Volleyball Program, I hereby agree as follows:

1. I HEREBY EXPRESSLY RELEASE, DISCHARGE, AND HOLD HARMLESS the Sand Volleyball Program, Avalanche Athletics LLC, its officers, agents, and employees (collectively Avalanche Athletics LLC, and Avalanche Sand Volleyball) from any liability and claims resulting from damage and/or injury to my or my child's person or property in connection with the League.
2. TO ASSUME ANY AND ALL RISK AND RESPONSIBILITY OF PARTICIPATION including personal injury, disability and death and any medical or other expenses, including, but not limited to damage, loss or theft of personal property that arise from my or my child's participation in the Avalanche Athletics Sand Volleyball Program. In assuming any and all risk and responsibility of participation, I hereby waive any and all claims for the same against the Avalanche Athletics LLC and Sand Volleyball Program and their members, directors, sponsors, affiliates, employees, representatives, contractors and volunteers (the "Releasees") arising from my or my child's participation in the League.
3. TO HOLD HARMLESS AND INDEMNIFY the Releasees from all claims, costs, liabilities, expenses, or judgments arising out of any loses, damages, illness, deaths, or other casualties suffered by me, or my child, or any other person resulting from participant's use of facilities, equipment, or premises or by my participation in the clinics and/or its activities.
4. I AGREE THAT I OR MY CHILD WILL FULLY ADHERE TO CORRECT SAFETY PROCEDURES AND INSTRUCTIONS, whether such procedures and/or instructions are oral or written.
5. I GRANT THE RIGHT TO FILM, VIDEOTAPE, PHOTOGRAPH, AND RECORD my or my child's voice and appearance while engaging in activities related to my or my child's participation in the Avalanche Athletics LLC Sand Volleyball Program. I hereby grant the right to use such media in subsequent facilities and for promotional publicity, including but not limited to articles, catalogs, websites, and broadcast.

I HEREBY EXEMPT AND RELIEVE AVALANCHE ATHLETICS LLC, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR OTHERWISE, TO THE FULL EXTENT OF APPLICABLE LAWS. I AGREE THAT UNDER NO CIRCUMSTANCES WILL I PROSECUTE OR PRESENT ANY CLAIM FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH AGAINST AVALANCHE ATHLETICS LLC, OR THE AVALANCHE SAND VOLLEYBALL PROGRAM ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY OR MY CHILD'S PARTICIPATION IN OR PRESENCE AT THE SAND VOLLEYBALL PROGRAM AT ANY TIME, WHETHER AS A RESULT OF AVALANCHE ATHLETICS LLC AND AVALANCHE SAND VOLLEYBALL, NEGLIGENCE OR OTHERWISE.

With my signature below, I certify that I (or parent or legal guardian if participant is under 18 years of age) HAVE READ AND UNDERSTAND this Release and Waiver, **including the capitalized section on negligence and liability above, and that I have legal capacity to sign on behalf of my child.** I further certify that it is my intention, by signing this Release and Waiver, that it be binding upon my heirs, administrators, executors, successors, and assigns. I certify that I understand that I am giving up certain legal rights by signing this document, including the right to sue.

ATHLETE NAME (please print clearly):

DOB: ____/____/____ AGE: ____

ATHLETE NAME (please print clearly):

DOB: ____/____/____ AGE: ____

PARENT NAME (please print clearly)

(PARENT SIGNATURE)

TODAY'S DATE: ____/____/____