

# USA VOLLEYBALL WAIVER AND RELEASE OF LIABILITY FORM

## - JUNIOR PLAYERS ONLY -

NOTE: This form must be read and signed before the USA Volleyball member listed below is allowed to take part in any training, competition, practice/warm-up sessions, meeting or testing sessions.

I, THE PARTICIPANT, AFFIRM THAT I AM **EIGHTEEN (18) YEARS OF AGE OR OLDER**, HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, I **HEREBY ASSUME THE RISKS OF PARTICIPATING IN OR OFFICIATING A VOLLEYBALL EVENT**.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: 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 a result of gross negligence and/or wanton misconduct of persons or entities listed below*, which arise out of or are related to my participation in, or my traveling to and from the volleyball event, the following persons or entities: USA Volleyball, its Regional Volleyball Associations, and the Southern California Volleyball Association (SCVA); the tournament director, sponsors; and the officers, directors, employees, representatives, and agents of any of the above; b) I *agree not to sue* any of the persons or entities mentioned above for any of the claims or liabilities that have waived, released or discharged herein; 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.

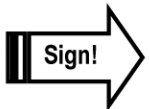


Printed Name

Participant's Signature

Date Signed

THE PLAYER IS **UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE**. THE PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent/guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.) The undersigned Parent or Guardian (circle one) of \_\_\_\_\_ (minor's name) hereby executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.



Printed Name

Parent/Guardian's Signature

Date Signed

I agree to allow USA Volleyball and/or the SCVA to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, without my approval in advance of such use, and without financial or other compensation due to me.

### SOUTHERN CALIFORNIA VOLLEYBALL ASSOCIATION 2010/2011 INDIVIDUAL MEMBER FORM - JUNIORS

PLAYER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*First M.I. Last*

COMPLETE MAILING ADDRESS: \_\_\_\_\_  
*Street*

ADDRESS: \_\_\_\_\_ TEAM GENDER: M F (circle one)  
*City State Zip Code*

HOME PHONE: ( ) \_\_\_\_\_ GRADE: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

#### Membership Fees

- \$60 Junior Membership  
 \$5 Voluntary Donation to USAV

(\$1 each to: Men's/Women's National teams,  
USA Boys'/Girls' High Performance teams, Region)

#### Jr. Age Division

- 10s  11s  12s  
 13s  14s  15s  
 16s  17s  18s

#### Membership Type (check one or more)

- Player  Official  
 Coach  Other

Have you EVER registered with the USAV/SCVA before? Y N

#### USA Volleyball is committed to diversity - Your response is voluntary

- Caucasian  Hispanic  Asian-American or Pacific Islander  Check if you do not want to be on the USAV 3rd party mailing list  
 African American  Native American  Multi-racial (please specify) \_\_\_\_\_  Check if you are hearing impaired or deaf for ADVA info

Return payment and forms to Club Director.

**EACH PARTICIPANT MUST SIGN BOTH SIDES OF THIS FORM TO BE ELIGIBLE FOR MEMBERSHIP**

SCVA ♦ 1500 South Anaheim Blvd. Suite 280 ♦ Anaheim, CA 92805 ♦ (714) 917-3595