OPEN GYM RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

PLAYER'S NAME _____ D.O.B. _____

STREET ADDRESS _____

CITY _____ ZIP _____

PRINT PARENT/GUARDIAN NAME: _____ **Emergency #:** _____

IN CONSIDERATION OF the Participant, a minor, being allowed to participate in any way in the SOUTH VALLEY VOLLEYBALL program, related events and activities, the undersigned acknowledges, appreciates, and agrees that: 1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I am aware of my child's experience, capabilities and limitations and believe my child to be qualified, in good health, and in proper physical and emotional condition to participate in such activities and further understand that any insurance provided by the SOUTH VALLEY VOLLEYBALL program is secondary insurance to the player's/child's families primary insurance, and will be used accordingly. 3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and, 4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and, 5. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 6. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. 7. Image Release: In consideration of the Participant, a minor, my child/ward being allowed to participate in any way in the SOUTH VALLEY VOLLEYBALL Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image or statements may be published in an outlet used to promote or publicize the South Valley Volleyball program. 8. REFUNDS: NO refunds will be given for this program.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR: I / We, parent (s) / person (s) having legal custody/legal guardian of the minor involved in the SOUTH VALLEY VOLLEYBALL Program, [do] hereby authorize medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to power on the part of our aforesaid agent (s) to give specific consent to any; and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may in the exercise of his/her best judgment, deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I/We, hereby authorize any hospital which as provided treatment to the above-named minor such minor to my / our above-named agent (s) upon the completion of treatment. This authorization shall remain effective only during the actual event or program that the minor is participating in, unless sooner revoked in writing delivered to said agent (s).

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____	X _____	X _____
PARENT/GUARDIAN SIGNATURE	**DATE SIGNED**	**PRINT NAME**

UNDERSTANDING OF RISK – I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____	X _____	X _____
player signature	*date signed*	*print name*