

STAFF USE SECTION ONLY

\$5 Fee/Date: _____ Cash____ Ck#_____
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Molten Volleyball Club - OPEN GYM WAIVER

Participant Name: _____ Parent
Phone#: _____
Parent Email address: _____
Birthdate: _____

Parent Permission & Medical Release

I authorize the Molten Volleyball Club Staff to administer general first aid treatment for any minor injuries that may occur during any open gyms held during 2023-2024, for my child. If the injury sustained is life threatening or in need of emergency treatment, I authorize Molten Volleyball Club staff to summon any professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that I or my medical insurance company is solely responsible for all bills and claims that may be filed as a result of the injury. By signing this medical release form, I further understand that I will not file any civil liability lawsuit against Molten Sports LLC, Gilbert Public Schools, Mesa Public Schools, Higley Unified School District, and the Arizona Region of the United States Volleyball, or its representatives as a result of any injury sustained by my child/player during the open gym. In case of an emergency, please fill out the information below.

Emergency Contact Name: _____
Relation to participant: _____
Emergency Phone # 1: (_____) _____
Alternate Emergency Phone # 2: (_____) _____

Print name of Parent or Guardian _____

Signature of Parent or Guardian _____ **Date** _____