

# OMNI VBC LLC HOSTING CLINICS & CAMPS 23-24 PARTICIPATION & MEDICAL WAIVER AT INSPIRE FACILITY

Players Name \_\_\_\_\_ Grade \_\_\_\_\_ Position \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Level for Club Season 23-24 (circle) 11U 12U 13U 14U 15U 16U 17U 18U

Parent(s) Name \_\_\_\_\_ Parent(s) Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's Email \_\_\_\_\_

Clinic(s) or Camp(s) signing up for: \_\_\_\_\_

(Payments by Credit Card through Sports Engine, Zelle: 480-734-7119. SORRY NO VENMO!)

## WAIVER AND RELEASE <sup>P</sup><sub>SEP</sub>

In consideration of being permitted to participate in ANY PRACTICE, PRIVATE LESSON, STRENGTH TRAINING, CLINICS OR CAMPS hosted at the Inspire Facility within the Omni VBC LLC, I hereby waive, release, and discharge, the Arizona Region, USAVB, Omni VBC LLC, employees, and volunteers from any and all claims for personal injury, death, or property damage which may accrue as a result of my presence at the clinics, camps, open gyms, private lessons, strength training or any other on court training. This agreement is intended to discharge in advance Arizona Region, USAVB, Omni VBC LLC, employees and volunteers from and against any and all liability, claims, demands, and causes of action arising out of or related to any loss, damage, or injury that may be sustained by the undersigned, including anything that may arise out of negligence on the part of the Arizona Region, USAVB, Omni VBC LLC, employees and volunteers from including its own sole or active negligence. I understand that participating in clinics, camps, open gyms, private lessons, strength training and/or scrimmages can include physical and/or strenuous exercise or activity and I certify that I am physically able to participate in any such activity. I understand that serious accidents can occur during volleyball and those participants in, and spectators of such activities may sustain personal injuries consequently thereof. Knowing the risks involved, nevertheless I request permission for my daughter to participate in the clinics, camps, open gyms, private lessons, strength training and/or scrimmages for all activities and hereby agree to assume any and all risks of injury or death and to release and hold harmless the Arizona Region, USA Volleyball, Omni VBC LLC, employees and volunteers from any and all claims for personal and their employees, and volunteers from who through negligence, carelessness, or other acts or omissions might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risk are binding on my heirs, assigns, and potential subrogees, including any insurance company and/or HMO. I further agree to hold harmless the Arizona Region, USAVB, Omni VBC LLC, employees, and volunteers from any and all claims for personal and their employees, and volunteers from any loss, liability, damage, or expense, including attorney fees, that it may incur as a result of any injury and/or property damage that I may sustain or cause while in the clinics, camps, open gyms, private lessons, strength training or any other on court training and I further agree to reimburse any expense that Jessica Pearson or Omni VBC LLC may incur if any litigation arises because of any claim made by me or another injured by my actions in the clinics, camps, open gyms, private lessons, strength training or any other on court training. I agree not to sue any of the persons or entities mentioned above from any claims or liabilities that I have waived, released, or discharged herein; and indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them because of my actions.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF LIABILITY OF the Arizona Region, USAVB, Omni VBC LLC, hired coaches, employees, and volunteers from any and all claims for personal AND THEIR OWNERS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS AND BY MY SIGNATURE INTENTIONALLY RELINQUISH ANY RIGHTS AS SET FORTH ABOVE.

I, as parent/guardian with legal responsibility for this participant, authorize Omni VBC LLC, Jessica Pearson and hired coaches to administer first aid treatment for any injuries to the participant during the clinics, camps, open gyms, private lessons or any other on court training. If the injury requires emergency treatment, I authorize Jessica Pearson with Omni VBC LLC to summon any or all professional emergency personnel to attend, transport and treat the participant. I understand that I and or my medical insurance are solely responsible for all bills and claims that may be filed as a result.

I, as parent/guardian with legal responsibility for this participant, consent and agree to the release on behalf of the participant, as provided above, and, for myself, my heirs, assigns, and potential subrogees, I release and agree to hold harmless, Arizona Region, USAVB, Omni VBC LLC from all liabilities incident to my minor child's participation in the clinics, camps, open gyms, private lessons and all other on court training as provided above, even if arising from any negligence on the part of Arizona Region, USAVB, Omni VBC LLC, employees, hired coaches and volunteers to the fullest extent permitted by law. I have instructed the minor as to the above warnings, conditions, and their ramifications.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Players Printed Name if 18 or Older

\_\_\_\_\_  
Players Signature if 18 or Older

\_\_\_\_\_  
Date