

Timberlake Volleyball Club
Volleyball Clinic Participation Waiver and Release of Liability

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name (if under 18): _____

Phone Number: _____

Email Address: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in the Timberlake Volleyball Club Clinic, I, the undersigned, acknowledge and agree to the following:

1. Assumption of Risk

I understand that participation in volleyball and related athletic activities involves inherent risks, including but not limited to sprains, fractures, concussions, heat-related illnesses, and other potential injuries. I voluntarily assume all such risks, both known and unknown, even if arising from the negligence of others.

2. Release and Waiver

I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, waive, and discharge Timberlake Volleyball Club, its directors, officers, employees, volunteers, agents, and facility owners (collectively, the "Released Parties") from any and all liability for any injury, disability, death, or loss or damage to person or property arising out of or in connection with my participation in the Clinic.

3. Medical Authorization

I hereby authorize Timberlake Volleyball Club personnel to secure medical treatment on my behalf if deemed necessary during my participation. I understand that I am responsible for all medical expenses incurred as a result of any injury.

4. Insurance

I certify that I have adequate health insurance to cover any injury or illness that may arise from participation, or else I agree to bear the costs of such injury or illness myself.

5. Code of Conduct

I agree to abide by the rules and guidelines of the Clinic and understand that disruptive or unsafe behavior may result in dismissal without refund.

SIGNATURE

Participant Signature/ Parent/Guardian Signature (if under 18): _____

Date: _____