PARTICIPANT RELEASE OF LIABILITY

for

MIDWEST VOLLEYBALL WAREHOUSE AND/OR NORTHERN LIGHTS JUNIOR VOLLEYBALL (Read before signing)

Print name

_____Camp Attending:_____

Participant Name

	sideration of being allowed to igned, acknowledge, apprecia		ne program, related	events and activities, I the	e	
1.	The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and,					
2.	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 participation; and,					
3.	I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff immediately and,					
4.	4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Midwest Volleyball Warehouse and/or Northern Lights Junior Volleyball, Their officers, officials, agents and/or employees, 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, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.					
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					
	Pa	articipant's Signature	Age	Date		
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)						
his/her and againvolve	to certify that I, as parent/gure release as provided above of ree to indemnify and hold has ement or participation in thes IGENCE OF THE RELEASI	f all the Releasees, and for numbers the Releasees from a e programs as provided abo	nyself, my heirs, ass ny and all liability i ve, EVEN IF ARIS	igns, and next of kin, I rencidents to my minor chi	elease	
X	Parent/Guardian Signature	Date	Fmerge	ncy Phone Number (s)		
	i archiy Quardian Signature	Date	Emerge	ncy I none ivallioel (s)		