

OVIEDO VOLLEYBALL ACADEMY

532 S ECON CIRCLE, OVIEDO, FLORIDA 32765

Name: _____

Parent's Name(s): _____

Birthdate: _____

Phone: _____ Phone: _____

Address: _____

City, State Zip: _____

Email Address: _____

2021-2022 RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT:

I, the undersigned, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate or to allow my child to participate in events at this facility at my/our own risk. I understand that as a spectator, myself and/or my children enter this facility at our own risk.
2. I understand that there are certain risks and hazards involved in participating in or attending Event(s) which may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and/or other participants.
3. I understand that the very nature of the Event/Activity is hazardous and risky. Further, I, the undersigned player, agree that in consideration for the right to participate, and in consideration for permission to utilize the fields, premises, parking area, or courts I agree to and accept the following:
 - a. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me: (1) while playing or practicing as a member of the team so designated; (2) while serving or being present in a non-playing capacity during play or practice by other teams or by other players on team, and (3) while on or upon the premises of any and all of the fields, parking area, or courts, which includes all areas of the premises including hallways, restrooms, and offices.
 - b. I release, discharge and agree not to sue Oviedo Volleyball Academy, the court owners, or their officers, associations, employees or any person or entity connected with the team, league, or field/courts for any claims, damages, suits, losses, liabilities, fines, penalties and expenses (including reasonable attorneys' fees) which I may have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract, or wrongful conduct of any party(ies) hereby released.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
(if Player is under 18 years of age)

PARENT/GUARDIAN NAME (PRINT): _____

SIGNATURE OF PLAYER, IF 18 OR OLDER: _____ DATE: _____

NAME OF PLAYER (PRINT): _____

