

# ***BOLT***

## ***Volleyball***

### ***Code of Conduct***

BOLT Volleyball's goal is to provide a safe, healthy and positive experience for all participants and members of our organization. This includes but is not limited to our programs, training sessions, club and league. To achieve this goal it is the responsibility of our staff, coaches, members and participants to abide by and respect BOLT Volleyball's Code of Conduct.

- I will respect the game, play fairly and follow its rules and regulations.
- I will follow the Code of Conduct and rules set forth by BOLT Volleyball.
- I will respect the authority and decisions of coaches and officials within the organization.
- I will strive to always do my best and maintain a positive attitude.
- I will always exhibit good sportsmanship with my teammates as well as opposing teams.
- I will treat all my teammates with respect.
- I will respect the rules and conditions of all playing facilities, along with preserving cleanliness and tidiness.
- I will refrain from the use of drugs, tobacco, alcohol and abusive language.
- I will be responsible for my own actions.
- I will enjoy the sport of volleyball.

I have read the BOLT Volleyball Code of Conduct and agree to instruct my child, to abide by the code and rules of the organization and its affiliates.

Also, my child understands failure to comply with this "Code of Conduct" could result in the dismissal of her participation in a BOLT Volleyball program

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

# **BOLT**

## **Volleyball**

### **Waiver, Release of Liability and Medical Consent Form**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN A BOLT VOLLEYBALL Program.**

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE BOLT VOLLEYBALL and CROSSPOINT COMMUNITY CHURCH** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR MISCONDUCT OF PERSONS OR ENTITIES LISTED ABOVE**, related to a BOLT VOLLEYBALL program or event. **THE FOLLOWING PERSONS OR ENTITIES:** BOLT Volleyball, its coaches, staff, directors or Cross Point Community Church; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I assume all responsibility and certify my child is in suitable and good physical condition. Further, I am unaware of any medical condition that would inhibit my child's participation in a BOLT Volleyball program which would require physical activity. As a condition of my child's voluntary participation in this program I agree to accept all the previously mentioned risks as a condition of my child's participation.

In the event of an injury or illness, I grant permission to any and all healthcare providers designated by BOLT Volleyball to provide my child any and all necessary medical care related to the injury or illness. I further understand I will be contacted as soon as is practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

I consent to the use by BOLT Volleyball of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of BOLT Volleyball and/or supported organizations. Such promotional activities extend to recruitment, fund-raising, advertisements, etc. I release the staff, coaches, volunteers, etc. of BOLT Volleyball from any liability connected with the use of my child's picture or voice recording as part of any of the above or similar activities.

I the parent or legal guardian executes the foregoing Waiver, Release and Consent for and on behalf of my child. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I have also read and understand the BOLT Volleyball Participant Codes of Conduct (previous document) and have reviewed the Codes with my child. I fully consent to my child's participation in a BOLT VOLLEYBALL program or event.

Printed Name of Participant \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Cell Phone Number

NOTE: This form must be read and acknowledged before your child is allowed to take part in a BOLT Volleyball Program.