

## **TRYOUT** Evaluation and Activity Form for None Members Forms & Release

Release of Liability for Toreros Volleyball Academy 2023-2024 Competitive Club – Development – Camps – Private Lessons, Tryout Evaluations, one Day Visit. In the exchange of participating in the sport of volleyball organized by Toreros Volleyball Academy, of 1809 Celebration Blvd, Celebration, Florida 34747 and/or use of facility of the property, facilities, all any volleyball service, and events in wish Toreros Volleyball participates like tournaments, and volleyball leagues I agree for myself and my daughter/son member of the program, to the following:

- 1. I AGREE TO FOLLOW ALL DIRECTIONS AND TOREROS REGULATIONS: I agree to observe and obey rules, regulations and warnings and further agree to follow any oral instructions or directions given by Toreros Volleyball Academy, or employees, coaches, managers and directors, representatives, or agents of Toreros Volleyball Academy.
- 2. ASSUMPTION OF THE RISK AND RELEASE: I recognized that there certain inherent risk associated with the above describe activity Volleyball and I assume full responsibility for personal injury to myself and my daughter/son who is the member of the program and further release and discharge Toreros Volleyball Academy for injury, loss or damage arising of my family's use of or presence upon the facilities of Toreros Volleyball Academy or event participating at, whether caused by the fault of myself, Toreros Volleyball Academy or other third parties.
- 3. INDEMNIFICATION: I agree to defend Toreros Volleyball Academy against all claims, cause of action, damages, judgements, costs, or expenses, including attorney fees and other litigations cots, which may in any way arise from my own family use or presence upon the facilities and event of Toreros Volleyball Academy.
- 4. FEES: A agree to pay of fees for services receives and sign for on registration. I also agree to pay for any damage to the facility of Toreros Volleyball Academy caused by negligent, reckless, or willful actions by me, my family, or my daughter/son member of Toreros Volleyball Aca3demy.

5. CONSENT Parent: I	to	day	_of
, consent to the participation of my daugl	nter – son (please circle)	)	
, in	the activity of Volleyball	, and agree on	behalf of
the above minor to all terms and conditions of the	nis agreement and the F	Regulations forn	ns sign
for the club season 2023/2024. If my child turns	18th during the club se	eason rules and	
agreement will not change as this is a sports you	ith program for ages up	to 18th (grade	s up to
high school seniors)			-

- 6. MEDICAL AUTHORIATION: In the event of the minor my child during the above describes activities, I give my permission to Toreros Volleyball Academy or to the employees or agents of Toreros Volleyball Academy to arrange emergency call to 911 for all necessary medical treatment. This is in the event of an emergency. Medical treatment that I will be responsible for.
- 7. NO DURESS: I agree and acknowledge that I am under no pressure to sign this agreement and that I have been given time to review it before signing it.

8. EMERGENCY CONTACT: In case of an emergency, please call	
Relationship:	

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTEHR UNDESTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARITLY SURRENDER CERTAIN LEGAL RIGHTS. NOTICE TO THE MINOR CHILDS NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR ENGAGED IN A POTENCIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASE USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAYBE SERIUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. YOU HAVE THE RIGHT TO REFUSED TO SIGN THIS FORM AND THE RELESSEE HAS THE RIGHT TO REFUSED TO LET YOUR CHILD PARTICIAPTE IF YOU DON'T SIGN THIS FORM.

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Parent of:	
Date:	
Email Address:	
Cell Phone Number:	
Child Name:	
Date of Birth:	