



EAST COUNTY VOLLEYBALL ACADEMY
WWW.ECVBA.COM

WAIVER AND RELEASE OF LIABILITY FORM

In consideration of and return for the services, facilities, and other assistance provided to me by ECVBA in this activity, I release ECVBA (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, including death, or from damage to my property in connection with this activity.

I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act on my part, including but not limited to negligence, mistake, or failure to supervise. I assure ECVBA that there are no health-related reasons or problems which preclude or restrict my participation in this activity.

I further assure ECVBA that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity, and I will indemnify and hold ECVBA harmless for any such medical costs. I understand that this release means I am giving up, among other things, rights to sue ECVBA for injuries (including death), damages, or losses I may incur. I also understand that this release binds my heirs, executors, administrators, and assigns, as well as me.

I understand that while my child is attending ECVBA practices, clinics and events, photographs/video will be taken for the purpose of marketing ECVBA. These photos/video may be used for, but not limited to, social media, marketing materials, advertising and other ECVBA-related collateral. By signing below, I give ECVBA to use my child's likeness for these purposes.

If participant is 18 yrs or older, signature below indicates I have read above and agree to the terms.

Print Name _____ Date of Birth _____
Signature _____ Today's Date _____
Email Address _____ Phone _____

If participant is **under 18 yrs old**, a parent or guardian release is required. Parent/Guardian signature below agrees to the terms from above on behalf of the youth.

Youth Name _____ Youth Date of Birth _____
Print Parent/Guardian Name _____
Parent/Guardian Signature _____ Today's Date _____
Email Address _____ Phone _____