

Midwest Penguins Volleyball PARTICIPANT RELEASE OF LIABILITY

Sep. 1, 2023 through Oct 31, 2024 READ BEFORE SIGNING

Circle Program One form is need	n(s) Participation if known led for entire period, and will inc	: Club lude all programming c	Camp Session potions)	on(s)
Participant Na	me			-
	on of being allowed to par acknowledge, appreciate,		in the program, rela	ited events and activities, I the
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 RELEASES, BUT NOT GROSS NEGILIGENCE OF THE RELEASES; 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 official immediately and,			
4.	I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Midwest Penguins Volleyball LLC, 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 fulles extent permitted by law.			
JNDERSTANI	THIS RELEASE OF LIAN D ITS TERMS, UNDERS AND SIGN IT FREELY AN	TAND THAT I HAV	/E GIVEN UP SUBS	STANTIAL RIGHTS BY
X _				
	Participant's Signature	Age	Date	
			ARTICIPANT OF MI OF REGISTRATION	
consent and myself, my h narmless the or participati	l agree to his/her rele neirs, assigns, and ne	ase as provide ext of kin, I relea y and all liability s as provided a	d above of all the ase and agree to incidents to my bove, EVEN IF A	indemnify and hold minor child's involvemen RISING FROM THE
X	Dunadian Ciny - to	Deta	Emanus Di	no Niumbou(o)
Parent/G	Suardian Signature	Date	Emergency Pho	ne number(s)