



Arizona Storm Elite VBC, LLC

2020-2021 PLAYER PARTICIPATION & MEDICAL WAIVER

Players Name _____ Birthdate ____/____/____

Age Level Participation (Circle One): 10U 11U 12U 13U 14U 15U 16U 17U 18U

Parent(s) Name _____

Parent(s) Phone (____) _____ - _____ Email _____ @ _____

\$25 Per Clinic: VENMO at Terri-Spann, ZELLE @ 480-635-6794 or ArizonaStormEliteVBC@gmail.com

ARIZONA STORM ELITE VBC WAIVER AND RELEASE

In consideration of being permitted to participate in the Arizona Storm Elite VBC Clinics/Camps, I hereby waive, release, and discharge, the Arizona Region, USA Volleyball, AAU, Arizona Storm Elite VBC LLC, their owners, officers, agents, employees and volunteers from any and all claims for personal injury, death, or property damage which may accrue as a result of my presence at the clinics, camps, open gyms or any other on court training. This agreement is intended to discharge in advance Arizona Region, USA Volleyball, AAU, Arizona Storm Elite VBC LLC, their owners, officers, agents, employees, and volunteers from and against any and all liability, claims, demands, and causes of action arising out of or related to any loss, damage, or injury that may be sustained by the undersigned, including anything that may arise out of negligence on the part of the Arizona Region, USA Volleyball, AAU, Arizona Storm Elite VBC LLC, their owners, officers, agents, employees, and volunteers from any and all claims for personal or their owners, officers, agents, employees and volunteers from including its own sole or active negligence.

I understand that participating in clinics, camps, open gyms, private lessons and/or scrimmages can include physical and/or strenuous exercise or activity and I certify that I am physically able to participate in any such activity. I understand that serious accidents can occur during volleyball and those participants in and spectators of such activities may sustain personal injuries as a consequence thereof. Knowing the risks involved, nevertheless I request permission for my daughter to participate in the clinics, camps, open gyms, private lessons and/or scrimmages for all activities and hereby agree to assume any and all risks of injury or death and to release and hold harmless the Arizona Region, USA Volleyball, AAU, Arizona Storm Elite VBC LLC, their owners, officers, agents, employees, and volunteers from any and all claims for personal and their owners, officers, agents, employees, and volunteers from who through negligence, carelessness, or other acts or omissions might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risk are binding on my heirs, assigns, and potential subrogees, including any insurance company and/or HMO.

I further agree to hold harmless the Arizona Region, USA Volleyball, AAU, Arizona Storm Elite VBC LLC, their owners, officers, agents, employees, and volunteers from any and all claims for personal and their owners, officers, agents, employees, and volunteers from any loss, liability, damage, or expense, including attorney fees, that it may incur as a result of any injury and/or property damage that I may sustain or cause while in the clinics, camps, open gyms, or any other on court training and I further agree to reimburse any expense that Arizona Storm Elite VBC LLC may incur if any litigation arises because of any claim made by me or another injured by my actions in the clinics, camps, open gyms, private lessons, or any other on court training. I agree not to sue any of the persons or entities mentioned above from any claims or liabilities that I have waived, released, or discharged herein; and 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.

In consideration of being allowed to participate on behalf of Arizona Storm Elite VBC, LLC, in its volleyball-related events and activities, including, but not limited to individual skill development, team practices and play and group play, the undersigned acknowledges, appreciates, and agrees that participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While certain guidelines and personal discipline may reduce this risk, the risk of serious illness and death does exist and there is no way to completely eliminate the risk of infection. I have read the USAVB RETURN TO PLAY GUIDELINES and understand them. USAVB has determined that individual skill development with non-household members following the recommended physical distancing and sanitizing volleyballs is a MEDIUM RISK ACTIVITY. USAVB has determined that those same activities without following the recommended guidelines and, also, participating in any team or group play is a HIGH RISK ACTIVITY. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE BELOW RELEASEES or others, and assume full responsibility for my participation. I AGREE to comply with the stated and customary terms and conditions for participation as it relates to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest coach immediately. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Arizona Storm Elite VBC LLC, its coaches, employees, agents, volunteers, players and other participants, the owners and/or lessors of the premises used, including, but not limited to the Arizona Region for USA Volleyball and USA Volleyball and all of their employees, agents and volunteers (collectively "the RELEASEES") WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, INCLUDING MEDICAL EXPENSES, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by Arizona law.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF LIABILITY OF THE ARIZONA REGION, USA VOLLEYBALL, AAU, ARIZONA STORM ELITE VBC LLC, THEIR OWNERS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL CLAIMS FOR PERSONAL AND THEIR OWNERS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS AND BY MY SIGNATURE INTENTIONALLY RELINQUISH ANY RIGHTS AS SET FORTH ABOVE.

I, as parent/guardian with legal responsibility for this participant, authorize Arizona Storm Elite VBC LLC to administer first aid treatment for any injuries to the participant during the clinics, camps, open gyms, private lessons or any other on court training. If the injury requires emergency treatment, I authorize Terri Spann or her coaches that are independent contractors with Arizona Storm Elite VBC LLC to summon any or all professional emergency personnel to attend, transport and treat the participant. I understand that I and or my medical insurance are solely responsible for all bills and claims that may be filed as a result.

I, as parent/guardian with legal responsibility for this participant, consent and agree to the release on behalf of the participant, as provided above, and, for myself, my heirs, assigns, and potential subrogees, I release and agree to hold harmless, Arizona Region, USA Volleyball, AAU, Arizona Storm Elite VBC LLC, from all liabilities incident to my minor child's participation in the clinics, camps, open gyms, private lessons and all other on court training as provided above, even if arising from any negligence on the part of Arizona Region, USA Volleyball, AAU, Arizona Storm Elite VBC LLC, their owners, officers, agents, employees, and volunteers to the fullest extent permitted by law. I have instructed the minor as to the above warnings, conditions and their ramifications.

Important Medical Information to be aware of: _____

Parent / Guardian's Printed Name _____ Parent / Guardian's Signature _____ Date _____