

Sudden Impact Volleyball Club – TRAINING SESSIONS & OPEN GYMS
Registration & Liability Release Form

*All SIVBC Training Sessions and Open Gyms are held at the following facility:
I-90 Volleyball Center, 13405 SE 30th Street, 1B, Bellevue WA 98005*

Participant's Name _____ Male _____ Female _____

Parent Name(s) _____

Email Address (please clearly print) _____

Mailing Address _____ City _____ Zip _____

Home Phone _____

Parent(s)' Cell Numbers _____

Liability Waiver and Authorization to Seek Emergency Medical Care

By my signature below, I give my child permission to participate in the Sudden Impact Volleyball Club (SIVBC) Training Sessions or Open Gyms. I acknowledge there is an inherent risk of serious injury and potential death associated with his/her participation in the sport of volleyball. With full understanding of the potential risks, I fully consent for my child to participate.

I, the parent or legal guardian of the participant of minority age named herein, represent that I have the legal capacity and authority to act for and on behalf of the minor named herein and hereby execute the foregoing Waiver and Release for and on behalf of said minor. I hereby bind myself, the minor and all other assigns to the terms of this Waiver and Release. I agree to indemnify and hold harmless Venture Five LLC, Sudden Impact Volleyball Club, its Board of Directors, and Staff for any claims and liabilities arising out of any incident occurring during participation in any/all SIVBC Training Sessions or Open Gyms.

I hereby authorize the staff of Sudden Impact Volleyball Club (SIVBC) to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release SIVBC from any and all liability for injuries, illnesses or lost property incurred by my child while at any/all SIVBC Training Sessions or Open Gyms.

I certify that my daughter has full medical insurance, and that she is physically fit to engage in the activities described above.

I, or another parent or legal guardian of the participant named above, agree to be physically present at any/all SIVBC Training Sessions or Open Gyms in which less than three players are participating.

Name of Insurance Carrier

Insurance Policy Number

Parent's Name (please print)

Parent's Signature

Date