

**PARTICIPATION WAIVER
ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**

The undersigned Player, and Player's Parent/Guardian (hereinafter referred to as Members) do hereby acknowledge that volleyball can be an extreme test of an individual's physical and mental limits, and that participation in any volleyball event incurs the inherent risk of property damage, serious injury or even death.

With a full understanding of these potential risks, the undersigned Members, both individually and as parent or legal guardian of our minor Member(s), HEREBY ASSUME THE RISKS OF PARTICIPATING IN AND OR OFFICIATING ANY VOLLEYBALL EVENT.

Further, the undersigned Members, both individually and as parent or legal guardian of our minor Member(s), and on behalf of ourselves, executors, administrators, heirs, next of kin, successors and assigns:

- a) WAIVE, RELEASE, AND DISCHARGE TK Holdings, Inc., d/b/a Cyclones Volleyball Club, their sponsors, officers, directors, employees, representatives, and agents from any and all claims or liabilities for damages of any kind, personal injury or even death which may arise out of or in any way be deemed related to our participation in any club and/or volleyball related activities, including but not limited to volleyball play, spectating, travel and/or housing.
- b) AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that the undersigned have waived, released or discharged herein; and
- c) 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 the rights and privileges granted to the undersigned by our membership with AAU, USAV and/or Cyclones Volleyball Club, by executing the Player/Parent Agreement, and/or any other membership forms, the undersigned hereby certify that

1. We have read and understand this Assumption of Risk, Waiver and Release document;
2. We understand that, in doing so, we have given up substantial rights;
3. We agree and consent to abide by this Assumption of Risk, Waiver and Release document as set forth herein.

If a signing Member is under 18 years of age, a parent or guardian must execute this document for and on behalf of the minor.

The Undersigned parent, natural or legal guardian of the minor Member does hereby execute this document for and on behalf of the named minor Member. I hereby bind myself, the minor, and all other assigns, to the terms of this document. I hereby affirmatively represent that I have the legal capacity and authority to act for and on behalf of the minor Member named herein, and I agree to indemnify and hold harmless the persons or entities named in this document for any claims or liabilities made, levied and or assessed against the aforementioned persons as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the subject minor in the execution of this document.

In my capacity of parent, natural or legal guardian, I fully consent to the undersigned minor Member's participation in any Cyclones Volleyball Club related event.

Date: _____

Player's/Member's Signature: _____

Player's/Member's Printed Name: _____

Authorized Parent/Guardian Member's Signature: _____

Authorized Parent/Guardian Member's Printed Name: _____