

Preseason Strength Training Release Form

Time Period: March - May 2026

Location: Coach Jolene's Home, 149 Adamsville Spring Rd, North Augusta, SC 29860

Led By: Coach Jolene

I, the undersigned, acknowledge and understand that participation in the preseason strength training program involves physical activity, which includes but is not limited to exercises such as plyometrics, stretching, running, weight training, resistance bands, jump boxes, and agility training. I understand that there is a potential risk of injury associated with this type of training.

In consideration of my child's participation in the preseason strength training program, I hereby release and hold harmless **Jolene Peters, Eagles Greater Sports of Augusta, and Augusta Eagles Volleyball Coaches** from any and all liability, claims, or causes of action that may arise from participation in this program, whether caused by negligence or otherwise.

I further agree to assume all risks associated with participation, including but not limited to falls, injuries, or other related incidents. I confirm that my child is physically capable and has no medical conditions that would prevent participation in this program.

By signing below, I acknowledge that I have read and understand this release form and agree to its terms.

Participant's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Emergency Contact Information:

Name: _____

Phone Number: _____