

## Waiver, Release and Indemnity Agreement

Each Player and Coach must read and sign this form, if player is under the age of 18, they must have a parent or guardian sign below as well.

I understand that there are risks and dangers inherent in participating in this tournament/camp. I also understand that in order to participate; I must give up my rights to hold Tim Edfors, AaWamb Volleyball LLC and the entire staff/student population of Webber International liable for any injury or damage which I or my child may suffer while participating in this activity. Knowing this and in consideration of being permitted to participate, I hereby voluntarily release Tim Edfors, AaWamb Volleyball Inc and the entire staff/student population of Webber International from any and all liability resulting from or arising out of participation and hereby personally assume all risks in connection with participating and further to save and hold harmless Tim Edfors, AaWamb Volleyball Inc and the entire staff/student population of Webber International from any claim by me or my family, estate, heirs, or assigns arising out of my participating in this activity. I understand that if I am signing this agreement on behalf of my minor child that I will be giving up the same rights for said minor as I would be giving up if I had signed this document on my own behalf.

**WARNING! THEIR ARE OBVIOUS KNOWN DANGERS INHERENT IN COURT SPORTS, FOR EXAMPLE: POTENTIAL SPRAINS, BRUISES, BROKEN BONE(S), HEAD AND BODILY INJURIES FROM UNEXPECTED CONTACT WITH WALL OR FLOOR, HEAT EXHAUSTION, AND DEATH.**

I acknowledge that I have read this agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating in this activity. This agreement shall be construed under and in accordance with the laws of Florida.

If you are a Player have your parent sign for you below.

Player \_\_\_\_\_

Home Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Release: I am the parent or legal guardian of the minor \_\_\_\_\_ (players name) and I am signing this document on behalf of said minor.

Print Name (Parent/Guardian) \_\_\_\_\_ Contact # \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

If you are a Coach please sign below for yourself.

Coach \_\_\_\_\_

Home Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature (Coach) \_\_\_\_\_ Date: \_\_\_\_\_