



WAIVER AND RELEASE OF LIABILITY

Player's Name: (please print) _____

In consideration of my involvement with Eastern Elite Volleyball, I acknowledge and agree that I risk bodily injury, including paralysis, dismemberment and death, as well as loss of or damage to property; I knowingly and freely assume all such risk. I for myself, and on behalf of my heirs and next of kin, hereby release, hold harmless and assure not to sue USA Volleyball, Eastern Elite Volleyball Club, Carolina Region Volleyball, Wayne Country Day School, Wayne County Public Schools, Jake Price Farms, nor the officers, administrators, agents, employees, coaches, volunteers, staff and other representatives of the above mentioned organizations with respect to any and all such issues.

This is to certify that I, as parent/guardian of this above participant, also agree to the above statements and do consent to his/her release of USA Volleyball, Eastern Elite Volleyball, Carolina Region Volleyball, Wayne Country Day School, Wayne County Public Schools, Jake Price Farms, and all officers, administrators, official agents, employees, coaches, staff, volunteers and other representatives from organizations listed above from any and all liabilities incident to my child's involvement in the programs conducted by Eastern Elite Volleyball, USA Volleyball and its Regional Volleyball Associations.

I have read the above Waiver and Release, agree and sign voluntarily. My signature is valid for 1 year and applies to all Eastern Elite events and activities (clinics, private lessons, practice, competition, camp, etc).

Player's Signature

Date Signed

Parent/Guardian Name (please print)

Relationship to Participant

Parent/Guardian Signature

Date Signed