

PARTICIPANT RELEASE OF LIABILITY TEXAS ONE VOLLEYBALL CLUB

X	Emai	1:
Participant Name (Please Print)	
In consideration of being allowed to par undersigned, acknowledge, appreciate a		rogram, related events and activities, I the
		ant, including the potential for permanent paralysis may reduce this risk, the risk of serious injury does
2. I knowingly and freely assume all such ris others, and assume full responsibility for my		, even if arising from the negligence of the releases or
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff immediately.		
4. I, for myself and on behalf of my heirs, assign personal representatives and next of kin, hereby release, indemnify, and hold harmless Texas One Volleyball Club, their offices, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (releasees), with respect to any and all injury, disability, disability, death, or loss/damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.		
5. Texas One Volleyball will not need to solid social media sites.	cit prior consent from particip	ants to post their images on Texas One Volleyball
6. I understand that Texas One Volleyball is not responsible for my personal property and will not be liable for any lost or stolen items.		
I HAVE READ THIS RELEASE OF LIABIL UNDERSTAND ITS TERMS, UNDERSTAN SIGNING IT, AND SIGN IT FREELY AND V	ID THAT I HAVE GIVEN UP	SUBSTANTIAL RIGHTS BY
X	Age	 Date
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)		
his/her release as provided above of all	the Releases, and for myse ess the Releases from any a cograms as provided above,	
X Parent/Guardian Signature	Date	Emergency Phone Number (s)