



www.columbiaempirevb.com

Under Columbia Empire USA Volleyball policy, each club shall collect from each player trying out \$5.00 per day for insurance coverage. If the player is selected and accepts a position on the team, the club must collect the balance between the tryout amount paid and the \$45.00 membership fee each player must pay to cover CEVA registration. In no event shall the membership fee paid to CEVA be less than \$45.00. Clubs may assess additional non-refundable tryout fees to cover facility or other expenses. **The \$5.00 per day insurance fee is non-refundable.**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limit and that my participation in this volleyball tryout can cause the potential death, serious injury, or property damage. With a full understanding of the potential risks, **I HEARBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.**

Participant:

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my travel to and from or my participation in this volleyball tryout. **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations, tournament directors; sponsors; and the officers, directors, employees, representative, and agents of any of the above b) **I AGREE NOT TO SUE any of the entities listed above for any claims or liabilities that I have waived, released or discharged herein; and c) I 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.

Parent and Natural Guardian or Legal Guardian:

The undersigned parent and natural guardian or legal guardian of the applicant executes the foregoing Waiver and Release for and on the behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in this USAV/Columbia Empire Region event.

