

AVALANCHE VBC OPEN PRACTICE RELEASE OF LIABILITY

Player Name _____ School _____ Grade _____

Address _____ Phone # _____

Parent/Guardian Name _____ Email _____

Waiver and Release of Liability Form
Avalanche Volleyball Club

I _____, will be a participant at the Avalanche VBC Open Practice Sessions. I hereby waive all claims for injury or accident of any kind against Trinity Lutheran Schools, Billings Public Schools, Elder Grove School, Avalanche Volleyball Club, or any of the coaches, all employees, sponsors, or members of the team participating in these sessions. I am aware that the athlete is covered by their own family insurance. I am also aware that the athlete is in good physical shape. If the athlete does have an underlying medical problem or recent injuries, I will check in with the coaches and notify them of my circumstances prior to any participation. In the event that she is injured while under the care of Avalanche Volleyball Club and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician. All participants under the age of 18 years old must have a guardian's signature.

Parent Signature _____ Date _____

Emergency Contact _____ Phone # _____

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