Southern Maryland Juniors Waiver and Release of Liability Form 2016-2017

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I HERBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.

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 MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my participation in, or my traveling to and from the volleyball event or practice, THE FOLLOWING PERSONS OR ENTITIES: USA Volleyball and its Regional Volleyball Associations; the tournament director; sponsors; Southern Maryland Juniors-Revived Volleyball Club; and the officers, directors, employees, representative, coaches, and agents of any of the above;
- b) I AGREE NOT TO SUE any of the persons or entities mentioned 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.

BY SIGNING THIS FORM, I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

Participant's Printed Name	Participant's Signature	Date Signed
HAS READ AND COMPLETE	OF EIGHTEEN (18) YEARS OF AGE THE SECTION BELOW. (If applied addition to the foregoing Waiver and	icant is under 18 years of age, a
guardian of	and on the behalf of the minor named learns of the Waiver and Release. I rephalf of the minor named herein, and I an entioned above for any claims or liability any legal capacity or authority to act or	ame) hereby executes the herein. I hereby bind myself, the resent that I have legal capacity agree to indemnify and hold lities assessed against them as
Parent/Guardian Printed Name	Parent/Guardian Signature	Date Signed