



SAN ANTONIO VOLLEYBALL ASSOCIATION

A Non-Profit organization serving the youth of San Antonio since 1985.

ASSUMPTION OF RISK/RELEASE FROM LIABILITY

I, the undersigned, as the parent or legal guardian of a minor child _____, do hereby give my consent for afore named child, to participate in the San Antonio Volleyball Association Summer Camps.

I am fully aware that the sports programs may present a risk of injury. I am fully aware and appreciate the risks and damages that might occur as a result of my child's participation in the program. Nonetheless, I, on my own behalf and that of my child, and our heirs, administrators and executors, do hereby release, indemnify and agree to hold harmless San Antonio Volleyball Association and all persons or entities associated with San Antonio Volleyball Association from any responsibility or liability for any and all claims, demands, damages, costs, causes of action, and expenses (including without limitation, reasonable attorney fees) arising out of or resulting from my child's participation in or involvement with the sports programs, including without limitation any personal injury, disability or property damages incurred or sustained by me or my child during or as a result of the San Antonio Volleyball Association sports program.

In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted.

I hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in this sports program.

Signed (Parent/Guardian): _____ Date: _____

Medical Insurance Co. _____ Policy #: _____