

Black Hawks Volleyball Club, LLC

Waiver of Liability and Assumption of Risk Agreement

All players and player parent / guardians must sign the following Waiver of Liability and Assumption of Risk Agreement before participating in any athletic endeavors sponsored and / or sanctioned by Black Hawks Volleyball Club, LLC.

I am fully aware of the risks and hazards connected with volleyball or any sporting event.

I hereby take the following action:

1. I agree to assume all risks and responsibilities for any and all claims for damages including personal injury and medical expenses which may be incurred by participant while participant engages in any athletic events sponsored and / or sanctioned by Black Hawks Volleyball Club, LLC.
2. I am fully aware of the risks and hazards connected with volleyball or any sporting event. I recognize and understand that certain risks of harm are inherent and that there are dangers involved that cannot be foreseen.
3. I waive, release, discharge, and covenant not to sue Black Hawks Volleyball Club, LLC, and their officers, directors, employees, representatives, and agents from any and all liability, claims, demands, and actions relating to any loss, damage, or injury that I could sustain during participation.
4. I further hereby agree to indemnify and hold harmless the persons or entities mentioned above from any loss, damage, or claims made of liabilities assessed against them as a result of my actions.

In signing this release, I acknowledge and represent that I have read the foregoing **Waiver of Liability and Assumption of Risk Agreement**, understand it and sign it willingly: no oral representations, statements or inducement, apart from the foregoing written agreement, have been made. I hereby bind myself and the minor participant named below to the terms of the waiver of Liability. I represent that I have legal capacity and authority to act for and on behalf of the minor named below.

Participants Printed Name _____

Participants Signature _____ Date _____

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____ Date _____