



NAZARETH STRIKERS VOLLEYBALL CLUB

WAIVER AND RELEASE OF LIABILITY, MEDICAL INFORMATION, & CONSENT FORM

Participant's Full Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name (if under 18): _____

Primary Phone Number: _____ Email: _____

SECTION 1: WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **Nazareth Strikers Volleyball Club** activities (including practices, games, scrimmages, travel, and other events), the undersigned acknowledges and agrees that:

1. **Acknowledgment of Risk:** Volleyball and athletic activities involve inherent risks including, but not limited to, falls, collisions, equipment failure, and actions of other participants which may cause injury, illness (including communicable diseases), disability, or death.
 2. **Assumption of Risk:** I voluntarily assume all risks, known and unknown, associated with participation in these activities, even if arising from the negligence of the club or its representatives.
 3. **Release of Liability:** I, for myself and/or my child, and on behalf of my heirs, assigns, and personal representatives, do hereby release and hold harmless **Nazareth Strikers Volleyball Club**, its directors, coaches, volunteers, agents, affiliates, sponsors, partners, and facilities ("Releasees") from any and all liability, claims, or causes of action arising out of participation in club activities, including those caused by the negligence of the Releasees.
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SECTION 2: MEDICAL INFORMATION & CONSENT

To assist in providing a safe environment, please provide the following information:

Known Allergies (e.g., food, medication, insect stings):

Chronic or Pre-Existing Medical Conditions (e.g., asthma, diabetes, seizures):

MEDICAL TREATMENT CONSENT

In the event of an injury or emergency, I authorize the Nazareth Strikers Volleyball Club to obtain medical treatment for myself/my child as deemed necessary by appropriate medical personnel. I understand that reasonable efforts will be made to contact me before treatment is administered.

I assume full financial responsibility for any medical treatment received as a result of participation in club activities.

ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that I have read and understand this Waiver & Release of Liability and Medical Information form. I voluntarily agree to the terms and conditions stated herein.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if participant is under 18): _____

Date: _____