

**VOLLEYBALL ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_ (“Participant”), acknowledge that I have voluntarily agreed to participate in recreational or sporting activities at various training, play, and or tournament facilities whether owned, leased, rented, or otherwise acquired; including the residence of Jason & Kathryn Falk, described as 1300 E. Gatlin Creek Road, Driftwood, TX 78619 or at **any** directed location Dripping Springs Junior Volleyball (DSJV) DBA Hill Country Elite Volleyball (HCEVB) .

**I AM AWARE THAT RECREATIONAL AND OR SPORTING ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.**

**I verify this statement by placing my initials here: \_\_\_\_\_ and Parent or Guardian’s initials (if under 18): \_\_\_\_\_**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN AND/OR VOLUNTEERING AT THESE ACTIVITIES OR EVENTS located at 1300 E. Gatlin Creek, Driftwood, TX 78619, **and any and all locations** The Dripping Springs Junior Volleyball DBA Hill Country Elite Volleyball (HCEVB).including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the property owners and the event holders, sponsors, and organizers of the activities or events in which I may participate, and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permitting me to participate in this event, I hereby take the actions noted below for myself, my executors, administrators, heirs, next of kin, successors, and assigns vis-à-vis the following ENTITIES OR PERSONS: Jason & Katherine Falk, USAV, Dripping Springs Junior Volleyball (DSJV), Hill Country Elite Volleyball (HCEVB) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, and activity or event volunteers.

(A) I WAIVE, RELEASE, AND DISCHARGE the entities or persons mentioned in this paragraph from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that Jason & Katherine Falk, and their directors, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on their behalf. I acknowledge that this activity or event may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by sicknesses, terrain, facilities, temperature, weather, wildlife, condition of participants, equipment, vehicular traffic, travel, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT; AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Name: \_\_\_\_\_ Age: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s Initials if Participant is under 18 years old: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s Signature if under 18 years old: \_\_\_\_\_