



WAIVER AND RELEASE OF LIABILITY AND PHOTO RELEASE

Please Read carefully before submitting (included in online player registration package)

I, the undersigned, acknowledge and understand that : (a) each person, my child(ren) included, has a different capacity for participating in programs and their related activities such as those conducted by or on behalf of Northern Chill Volleyball Club (the "Program"), or any of its officers, employees, contractors, volunteers and agents; and (b) there may be inherent risks associated with participating in the Program, including all manners of injury, including loss of life, illness and property damage, risks associated with or contributed by natural and manmade terrain, climatic conditions, limitations of their own physical condition; the failure of equipment and the carelessness of other participants and misjudgments on the part of Northern Chill Volleyball Club (NCVC) staff or contractors. In consideration of my child(ren) participating in the Program, I (a) hereby give my permission for my child(ren) to participate in the Program; (b) willingly assume full responsibility, and any risks of injury, for my child(ren) in connection with my child's (ren's) participation in the Program; and (c) on behalf of my child (ren), my other heirs, next of kin, executors, administrations and assigns agree to waive all claims that I or my child(ren) may have in the future against the NCVC, its officers, employees, contractors, volunteers and agents (collective the "Releasees"); (d) release and forever discharge the loss and liabilities of whatsoever nature or kind arising out of or in any way connected with my child's (ren's) participation in the Program, including those that are foreseen and unforeseen, and those for negligence and breach of any statutory or other duty of care; (e) agree to indemnify and hold harmless the Releasees from any and all liability, loss, claims demands, costs and expenses, including legal fees, arising from my child's(ren's) participation the Program; and (f) further agree not to make any claims or take any proceedings against any person or corporation who or which might claim contributions and indemnity or relief from the Releasees.

I give permission to the Program to take photos of my child, or me, as its for publicity and promotional purposes only. I realize there are numerous materials published on various platforms and allow the Program to use my child(ren)/and my name and photos on these sites. I confirm that I have had sufficient time to read and understand each item in this Waiver Form. I understand that by signing this document I am waiving certain legal rights.

Signature (Parent or Legal Guardian if participant is under 18yrs of age)

Date

Parent or Legal Guardian's Name (please print)

Work/Cell Phone Number

Athletes First and Last Name