

**Shiloh High School Volleyball Program Accident Waiver and Release of Liability Form:**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE SHS VOLLEYBALL PROGRAM, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the person(s) or entities that are associated with the SHS VOLLEYBALL PROGRAM, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM will be used by the SHS VOLLEYBALL PROGRAM and its affiliates such as: coaches, managerial staff, sponsors, organizers, directors, officers, employees, volunteers, representatives, and agents of the SHS VOLLEYBALL PROGRAM, and that it will govern my actions and responsibilities throughout the duration of the aforementioned SHS VOLLEYBALL PROGRAM.

In consideration of my application and permitting me to participate in the SHS VOLLEYBALL PROGRAM, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the person(s) or entities 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 the SHS VOLLEYBALL PROGRAM, the following person(s) and/or entities include: The SHS VOLLEYBALL PROGRAM, and/or its coaches, managerial staff, sponsors, organizers, directors, officers, employees, volunteers, representatives, and agents;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the person(s) or entities mentioned in the previous paragraph from any and all liabilities or claims made as a result of participating in the SHS VOLLEYBALL PROGRAM, whether caused by the negligence of release or otherwise.

I acknowledge that the SHS VOLLEYBALL PROGRAM and/or its coaches, managerial staff, sponsors, organizers, directors, officers, employees, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act on behalf of any party or entity conducting a specific activity related to or specifically designed for the SHS VOLLEYBALL PROGRAM. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during participation in the SHS VOLLEYBALL PROGRAM.

I CERTIFY THAT I HAVE READ THE **SHS VOLLEYBALL PROGRAM ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**, 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.

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Participant's Full Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date of Participant's Signature

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Parent/Guardian's Signature

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Date of Parent/Guardian's Signature

