RAIDER ELITE LIABILITY FORM

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE

It is expressly understood that Raider Elite Volleyball Club, does not insure against, nor accept responsibility for personal injury or property loss or damage to the participant which might be sustained as a result of her participation. Parents or legal guardians are responsible for medical care, treatment and insurance for said participant.

RELEASE/WAIVER

In return for allowing the above mentioned athlete to compete in the Raider Elite Volleyball Club, the undersigned, intending, to be legally bound, release and forever discharge the Bolingbrook High School, Valley View School District, Raider Elite Volleyball Club, their agents, representatives, successors and assigns from any claims for damages, including any claims for loss, damages or injury to athlete’s person or property arising out of athlete’s performance or failure or performance. The undersigned herby authorizes any first aid, medical treatment deemed necessary in case of an emergency for aid participant during competition and give my permission for emergency as recommended by physician. I assume financial responsibility for any and all medical care for participant.

Parent/legal guardian

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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