



MEDICAL/LIABILITY/MEDIA RELEASE

Player's Name _____ Parent's Name _____

Home phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Family Physician _____ Phone _____

Primary Insurance Co. _____ Group/Policy # _____

In consideration of being allowed to participate in any way in any North Carolina Volleyball Academy (ACADEMY) program, related event and activities, I acknowledge that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. With a full understanding of the potential risks, I hereby assume full responsibility for my participation.

My signature below, certifies that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kins, I release and agree to indemnify and hold harmless **ACADEMY**, its officers, officials, agents and/or employees, other participants, and if applicable, owners and lessors of premises used to conduct the event, from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

I hereby agree that ACADEMY may use images of my child on its website or in other promotional literature, recruiting guides and other medium related to the function of ACADEMY.

In order to release individual pictures and statistics to the press, another coach, newspapers, television, radio, or the website, a parent's signature is required to authorize permission to publish this information. Please sign in the space provided below to authorize release of this information.

Parent Name (Please Print)

Parent Signature

Date