



## 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.

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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

## Assumption of Risk and Waiver of Liability

NC Volleyball Academy (hereafter referred to as the “Club”) has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in Club’s gym environment; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending sponsored activities at the Club could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms described above and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club Directors, Coaches, Athletes and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Club or participation in Club programming (“Claims”).

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club activity.

Participant’s Name(s): \_\_\_\_\_

Team(s): \_\_\_\_\_

Participant’s Signature (if 18 or older): \_\_\_\_\_

Parent/Legal Guardian Name(s) (for participants under 18): \_\_\_\_\_

Signature(s) of Parent/Legal Guardian: \_\_\_\_\_

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