



Tryouts/Camp Release for Personal Injury and Damage

I/We understand, agree and acknowledge that there is an inherit risk in sports participation and/or physical activity and/or strenuous exercise and/or competition.

INITIALS _____

By signing this Permission and Waiver Form, I expressly warrant that my child is capable of withstanding the physical and mental demands of these activities. I also expressly assume all risks to my child in participating with Arizona Fear Club Volleyball Inc. I further release Arizona Fear Club Volleyball, Inc. and its director, coaches, assistant coaches, and other employees from any claim that my child may have or that I may against them as a result of injury incurred during the course of the volleyball season. I further agree to indemnify and hold harmless Arizona Fear Club Volleyball, Inc., the director, coaches, assistant coaches, or other employees from any and all claims arising from my child's participation in its activities or as a result of injury of my child during the volleyball season.

I/We stat that to the best of our knowledge, _____ (player's name) has no medical, physical, mental, emotional health conditions that would hinder or prevent his/her participation in Arizona Fear Club Volleyball activities.

INITIALS _____

Players Name: _____ Date of Birth: _____
(Print)

Players Signature: _____ Date: _____
(Signature)

Parent's Name: _____
(Print)

Parent's Signature: _____ Date: _____
(Signature)