

Club Elite Try Out Information

Last Name _____ First Name _____

Address: _____ City: _____ Zip _____

Grade of Athlete: _____ Date of Birth: _____

Home Phone: _____ Parent Cell: _____

Player Cell: _____ Parent E-mail: _____

Player E-mail _____ Current School Attending: _____

Previous Club Team: _____ Position: _____

20yd _____	Triple: _____	Reach _____	Jump _____
Serve: _____	Push Up _____	Height: _____	

USA Volleyball waiver and Release Agreement

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program that you or the above participant might sustain. The terms "I", "me" and "my" also refer to parents or guardians as well as participants in the program. In registering for the program, you are agreeing as follows: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against Community High School District 99, Club Elite, Inc, all independent contractors, officers, agents, servants and employees of the district or Club Elite, and any and all other persons, and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the agreement.

I do hereby fully release and discharge the Community High School District 99, Club Elite Inc. and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.

I further agree to indemnify, hold harmless and defend the Community High School District 99, Club Elite, Inc., and any other released parties, from any and all claims resulting from injuries, including death, damages or losses sustained by anyone, and arising out of, connected with, or in any wa associated with my conduct and the activities of the program.

I further understand and agree that the terms such as "participation", "program" and "activities", referred to in this agreement, include all exercises and physical movements of any nature while I am participating in the program, and further included the provision of or failure to provide proper instructions or supervision, the use of adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this waiver, RELEASE AND HOLD HARMLESS AGREEMENT. I further understand that any advisement or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become part of this agreement.

Print Parent or guardians name.

Signature of Parent or Guardian of Participant(s) under 18 ears of age

Date

