## Carrollton Knights of Columbus Beach Volleyball Waiver and Release of Liability Form

## **PLAYER**

Parent/Guardian's Printed Name

**Note:** This form must be read and signed before the Carrollton Knights of Columbus Beach Volleyball Player listed below is allowed to take part in any training, competition, practice/warm up sessions, or game.

I Acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A CARROLLTON KNIGHTS OF COLUMBUS BEACH VOLLEYBALL EVENT.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVÉ, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the volleyball event, THE FOLLOWING PERSONS OR ENTITIES: The Carrollton Knights of Columbus, its members, The Tournament Directors, Sponsors; and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entitles mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entitles mentioned above from any claims made or liabilities assessed against them as a result of my actions.

BY SIGNING THIS FORM, I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I

Parent/Guardian's Signature

Date Signed