



10401 Miller Road, Suite 300  
Dallas, TX 75238

## RELEASE OF LIABILITY

I, the below signed parent or legal guardian to \_\_\_\_\_ (Athlete) agree that the above named individual may participate in the 2017/2018 Camps, Clinics, Fitness Programs, Tryouts, Private Lessons, Tournaments, Leagues and/or Other Events as organized by BlockSport Volleyball Club ("BlockSport VBC") at 10401 Miller Road, Suite 300, Dallas, Texas, 75238. In consideration of participation in any of these events and/or use of the property, facilities and services of BlockSport VBC, I agree, on behalf of the above named individual, his/her heirs, and representatives to the following:

1. To recognize that there are certain inherent risks associated with the above described activities and I hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness or injury as a result of participation.
2. I assume full responsibility for personal injury and further release and discharge BlockSport VBC, LLC for injury, loss or damage arising out of use of or presence at the facilities of BlockSport VBC.
3. To fully and forever release, discharge, indemnify and hold harmless BlockSport VBC, its agents, servants, and employees from any and all claims, causes of action, demands, damages, judgments, costs or expenses, present and future, which may in any way arise from my participation in these events or my presence at the facilities of BlockSport VBC.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED INDIVIDUAL WHILE IN ATTENDANCE OF THESE EVENTS. I ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CLUB PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED INDIVIDUAL.

(State Medical Needs) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Also, I understand that all rules and regulations will be enforced and any violation by the above individual will result in a call, to the parent or legal guardian, with a possible request to come and pick up the above individual (older players who drive maybe asked to leave) with no refund being given.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Signature (Parent): \_\_\_\_\_

Print Name (Parent): \_\_\_\_\_

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

Phone #: \_\_\_\_\_