## <u>Team WAVE/GNBV/JBVL/ESVT</u> <u>WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT</u>

I hereby voluntarily permit my myself/my minor player,	, to participate in the >Please Print Player's Name<
	ced Beach Volleyball Tournament, and/or Endless Summer Volleyball Tournamen
INJURIES ARE COMMON AND ARE ORDINARY O	E ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND CCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL OR MEDICAL CARE, AS WELL AS FINANCIAL RESPONSIBILITY, AND FALS HERE.
>Initial Here<	
officials, staff, and supervisors from all liability, and fro or injury to my child, or to any person or property, resul	GNBV/ESVT company and brands, volunteers, designated coaches, and program mall actions or claims that I or my minor child now or hereafter have for damage ting from the negligence or other acts of any employees or volunteers in that this waiver, release and assumption of risks are to be binding on the heirs and
	VL/GNBV/ESVT (its officers, employees, agents and volunteers) free and se which they may incur as a result of any injury and/or property damage that I or activity.
minor child/player at their discretion, including any nece WAVE/JBVL/GNBV/ESVT to disclose the information	n to Team WAVE/JBVL/GNBV/ESVT to contact emergency services for my essary medical treatment and x-rays. I also hereby give permission to Team contained on this document and obtained throughout the event to medical xpenses which my child or I may incur as a result of such treatment.
doctors, hospitals, or emergency medical technicians as	d their representatives to release my protected health information to any and all deemed necessary by any emergency personnel or other medical professionals. If ng and have such authorization on file with Team WAVE/JBVL/GNBV/ESVT.
Team WAVE/JBVL/GNBV/ESVT does not provide any	medical or other insurance protection.
other participants in the EVENTS, premises and facilities California, and any city or county therein, parents, subsi	E ORGANIZER, any sponsors, advertisers, and organizers of the EVENTS, any as owners or lessors including the city where the event takes place, the State of diaries, licensees, shareholders, officers, directors, managing agents, employees, vestors, affiliated organizations and entities, or any other persons assisting or
Healthcare information for emergency services personne	ol:
Insurer	Subscriber
Insured Player	Insurer Phone
Policy #	Group ID
	FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A TWEEN ME AND THE Team WAVE/JBVL/GNBV/ESVT AND SIGN IT OF
Printed Name	Date
Signature	
Emergency contact phone	