



## Valley Isle Volleyball Waiver

### RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

IN CONSIDERATION OF my child, \_\_\_\_\_ (name of child),  
being allowed to participate in the Valley Isle Volleyball 2020 related events and activities,  
provided by Learning Endeavors, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs does exist; and, FOR MYSELF, SPOUSE,  
AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for  
my child's participation; and,

1. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Valley Isle Volleyball and Learning Endeavors, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event.
3. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.**

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PARENT/GUARDIAN SIGNATURE                      DATE                      PRINT NAME

### **PARTICIPANT'S UNDERSTANDING OF RISK**

I understand the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

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PARTICIPANT SIGNATURE                      DATE                      PRINT NAME