



POWERZONE VOLLEYBALL 2011 LEAGUE WAIVER AND MEDICAL RELEASE FORM

This must be completed legibly and signed by participant's parent or guardian before participating. By signing this form the participant and participant's parent/guardian affirms having read it.

PLAYER

Last Name	First Name	Gender	Age	Date of Birth
		M/F		/ /
Address		City	State	Zip

PARENT OR GUARDIAN

Last Name	First Name	Phone (Home)
		()
Email		Phone (Cell)
		()

Participant, _____, has my permission to participate in PowerZone Volleyball Summer League. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the camp activities. In consideration of being allowed to participate in any PowerZone event the undersigned acknowledges, appreciates and agrees that: The risk of injury from the activity involved is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PowerZone Volleyball, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent or Guardian	Parent or Guardian Signature	Date

SECONDARY EMERGENCY CONTACT:

Last Name	First Name	Phone (Cell)	Alt Phone
		()	()

PLAYER MEDICAL, INSURANCE & PHYSICIAN INFORMATION

Insurance Company	Policy Number	Physician Name	Physician Phone
			()
List medical conditions we should be aware of: (Please elaborate)			
List any medications player is taking: (If none please write none)			
List any allergies player has: (If none please write none)			

EMERGENCY MEDICAL CARE AUTHORIZATION

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury,

- I hereby authorize PowerZone Volleyball to obtain emergency medical/dental care. I will assume financial responsibility for aforementioned emergency medical/dental bills incurred.

 I do not authorize emergency medical/dental care for my daughter/son.

I certify that the participant has full medical insurance with the company listed above.

Parent or Guardian	Parent or Guardian Signature	Date