



# CARIOCA VOLLEYBALL CLUB

## PLAYERS INFORMATION - MEDICAL RELEASE AND WAIVER FORM

### PLAYER'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Indoor Volleyball Club: \_\_\_\_\_ High School: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY INFORMATION

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Room of Choice: \_\_\_\_\_

Emergency Contact Other Than Above: \_\_\_\_\_ Phone: \_\_\_\_\_

### AGREEMENT

- I, \_\_\_\_\_ the undersigned parent/guardian of the above named minor player do hereby:
- I fully understand that athletic activities involve RISKS and dangers of serious injury, including PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSES, COSTS, AND DAMAGES I incur as a consequence of my participation or that of the minor in the Activity: and
  - Authorize Carioca Volleyball Club LLC and its officers and coaches to refer said minor player, if injured or ill, to any licensed physician, hospital or medical clinic if deemed necessary, when I or my spouse (or guardian) cannot be reached: and
  - I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Carioca Volleyball Club LLC, as well as the officers, directors, agents, employees and assigns of each, and the Carioca Volleyball Club LLC's Associations, clubs, coaches, officials, administrator, members, volunteers, participants, sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the Carioca Volleyball Club LLC (each considered one of the 'releases' herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations, negligent security, travel, and recreational operations and activities; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the release's, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_. Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_