

S.A.  VOLLEYBALL CLUB

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2017 Try-out Waiver Form

Waiver and Release of Liability:

I agree that I have chosen to try-out for SA HORNET Volleyball Club of my own free will and recognizance, and were not coerced, deceived, misrepresented, induced or promised anything in lieu of me deciding to try-out for SA HORNET.

I agree to hold harmless, waive, release and forever discharge SA HORNET Volleyball Club, its directors, administrators, any staff members, officers, agents, suppliers, its gym renters (SAC/MSCP/Palo Alto College/Good Shepherd Lutheran Church/Palm Heights Baptist Church or ANY facilities used), any heirs or their assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur while participating in these try-outs.

All participants should be covered by their own insurance policy.
I understand that SA HORNET Volleyball Club and any of the facilities that are used do not provide medical insurance in the event of an injury. I agree to be present for the entire try-out, but in the event that I am not present do give permission to SA HORNET Volleyball Club and its staff to seek or administer appropriate medical attention and treatment on my behalf and in my absence.

By signing, I certify that I am the parent or legal guardian of the person listed below.

Name of Participant (print)

Parent/Legal Guardian (print)

Date

Parent/Legal Guardian Signature

Date