ACKNOWLEDGMENT OF RISK, ACCEPTANCE OF RESPONSIBILITY AND RELEASE AGREEMENT FOR SOUTHERN OREGON VOLLEYBALL CLUB

I understand and agree that participation in the sport of volleyball is physically demanding and may involve foreseeable and unforeseeable risks and hazardous activity which may be dangerous and involve the risk of injury. I understand and acknowledge that Crater High School, Central Point School District, and the Southern Oregon Volleyball Club are not an insurer of my daughter's participation in the Southern Oregon Volleyball Club tryouts and assume no liability whatsoever for personal injuries to my daughter or to third persons arising out of my daughter's participation in the tryouts.

I give my daughter permission to participate in the tryouts with knowledge of the risks involved and hereby agree to assume and accept any and all risk of injury or other damage or loss from such participation.

In consideration of allowing my daughter to participate in the tryouts, I hereby release, waive, covenant not to sue, indemnify and hold harmless Crater High School, Central Point School District, and the Southern Oregon Volleyball Club, along with its directors, employees, and agents, from any and all liability, claims (including but not limited to claims for attorney's fees), demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by my daughter and arising out of or related to her participation in the tryouts. Further, I agree to indemnify and hold Crater High School, Central Point School District, and the Southern Oregon Volleyball Club, along with its directors, employees, and agents, free and harmless from any and all liability, losses, damages, costs, expenses (including but not limited to attorney's fees), claims, actions, demands and injury of whatever nature caused to third parties, whether to person or to property, by my daughter's negligent or intentional acts or omissions while participating in the tryouts.

I understand that my daughter is responsible for following the safety guidelines established by the coaches and tryouts staff and for exercising caution and common sense at all times to avoid injury. I certify that my daughter is in good health and has no physical condition that would prevent her participation in the tryouts. I consent to emergency medical treatment for my daughter in the event such treatment is required, authorize tryouts staff and/or emergency personnel to treat my daughter if they deem it medically necessary for her health or well-being, and agree that I am solely responsible for any medical expenses arising from any such treatment.

I have carefully read these terms and understand their content and am aware that this Agreement constitutes a release of liability, and that this Agreement shall bind me and my personal representatives, heirs, and next of kin. This Agreement shall be governed by Oregon law. I acknowledge and agree that the release of liability set forth in this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Oregon and that if any portion hereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

_____

Parent/Guardian Printed Name Date Signature of Parent/Guardian

Participant's Name: _____