

Kirksville Area Volleyball Association Liability Waiver

Participant Name: _____ Date of Camp: _____

By signing below, I understand that I am authorizing the participant named above to attend the satellite camp at the host high school and to participate in that camp actively and fully. I understand that this activity carries with it the potential for personal injury, and I accept this risk on behalf of my child. On behalf of my child, I hereby release, Kirksville Area Volleyball Association, its officers, camp clinicians, and staff, from any liability or claims for damages arising from personal injury sustained by my child during this activity. My child and I understand the nature of the risks of injury involved in this activity and I assume all responsibility for any injuries incurred during participation at this camp. I know of no mental or physical problems that might adversely affect my child's ability to participate in this camp.

I understand further that I will be responsible for any expenses incurred on behalf of the participant in connection with first aid, medical treatment, or surgery that may be deemed medically necessary on account of injuries sustained in this activity.

Parent/Legal Guardian's Signature

Date