**Newport Coast Volleyball Club**

**Waiver of Liability and Medical/Emergency Release**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Player) is herby given my consent to

participate in organized tryouts, practices, and competitions with Newport Coast Volleyball Club.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

For good consideration, the undersigned does hereby waiver, release, acquit and forever discharge Newport Coast Volleyball Club, its officers and directors, collectively and individually, coaches, other club members, players practicing with the club, volunteer parents assisting with club activities and any and all persons directly and indirectly associated with Newport Coast Volleyball Club, and each of them from any and all acts, causes of action, claims, demands, damages, costs or expenses on account of or which shall in some way develop out of any and all known and unknown personal injuries and property damages which the player/participant may suffer during the course of or as a result of the participation in club activities including, but not limited to, tryouts, practices, tournaments, and travel to and from club events.

I, as parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also give my

permission for this player to receive minor medication when the need may arise.

This will be given by the trainer or other adult in charge at the time. In case of emergency or in the event I cannot be reached, I authorize emergency treatment for my child at the nearest recognized medical facility.

I, as parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_also request that my child be permitted to travel with Newport Coast Volleyball Club. Should any illness or accident affect my child, I will not hold Newport Coast Volleyball Club, its officers, directors, coaches or parent drivers responsible or liable for medical or expenses in the care of my child. This authorization is given pursuant to Section 25.8 of the Civil Cole of California.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date