



Summer league Wavier

Chancellors Family Center
6535 Dumfries Dr.
Houston, TX 77096
832*725*5901

Player Information

First/Last Name: _____

Address: _____

City: _____ Zip: _____

Birthdate: ___/___/___ Grade (2023): _____

School: _____ Club Team: _____

Cell Phone: _____ T- Shirt Size _____

Parent or Guardian ((Emergency Contact))

Print Name: _____

Phone: _____

E-mail: _____

Address: _____

City: _____ Zip: _____

Please X the sessions that your child would like to attend :

SUMME LEAGUE _____

CLUB VOLLEYBALL TRYOUTS _____

BACK TO SCHOOL _____

One on One Training _____

Payment Information: CASH Credit Card Check Online

If you cancel after the deadline but prior to the league or Training start date you will only be refunded 50% No refunds will be giving after the start of the league or day of Training. In consideration of being allowed to participate in any way in the program, related event, and activities, I the undersigned, acknowledge, appreciate.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I _____ (Parent Name) HEREBY ASSUME ALL OF THE RISKS OF _____ (Participant Name) PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS FACILITY/EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I acknowledge that this Accident Waiver and Release of Liability Form will be used by Houston Outlaws Volleyball Club (HOVC) and that it will govern my actions and responsibilities at said activity.

In consideration of permitting the above-mentioned participant to participate in this activity/event, I hereby take action on behalf of the mentioned participant and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur. THE FOLLOWING ENTITIES OR PERSONS: The Houston Outlaws Volleyball Club (HOVC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of the participation in this activity/event, whether caused by the negligence of release or otherwise. I acknowledge that (HOVC) and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers and spectators.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Acknowledgment of Understanding: I, the PARTICIPANT/PARENT/AUTHORIZED REP, have read this Agreement and understand that I am giving up substantial rights, including the right of both the participant and the parent or guardian to sue for damages in the event of death, injury, or loss. I, the PARTICIPANT/PARENT/AUTHORIZED REP, acknowledge that I am voluntarily signing this agreement, and intend my signature to be a complete release of all liability, including that due to inherent risks or the ordinary negligence by the Protected Parties, to the greatest extent allowed by law of the State of Texas.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Name

Contact Number

X _____
Signature

Date