

Dallas Force Volleyball Club

2009 RELEASE FORM

Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in The Dallas Force Volleyball activities and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Dallas Force Volleyball Club, The MAC, their officers, agents, or employees (herein after referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation to and from said premises.

To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY NEGLIGENCE OR RELEASEES or otherwise.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

It is my expressed intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Texas.

I UNDERSTAND THAT THE PARTIES LISTED ABOVE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN.

I further agree to become familiar with the rules and regulations of Dallas Force Volleyball Club concerning participant conduct and not to violate said rules or any directive or instruction made by the person or persons in charge of said programs and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.

I also understand that I should and am urged by Dallas Force Volleyball Club to obtain adequate health and accident insurance to cover any personal injury to myself, which may be sustained during the program or the transportation to and from the said program.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release for full adequate, and complete consideration fully intending to be bound by the same.

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 2009

X _____
Participant's signature (required)

X _____
Parent or Legal Guardian's signature (also required for participants under 18 years of age)

Medical Information

Name of Player: _____ Sex: _____ Height: _____ Weight: _____

Please give the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s):

Name of Carrier _____ Certificate Number _____

Does this camper have any chronic or acute medical problems? Yes No (circle one)

If Yes, please explain: _____ List any allergies to food, pollen, or medicine: _____

_____ List any medications being taken at present: _____

Medical Release

My daughter has permission to attend the Dallas Force Volleyball activities on the premises of The MAC. I fully realize that injury or illness could result from or during participation in the program. In case of such accident or illness, I give permission for my child to be given medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child at a local hospital.

X _____
Parent or Legal Guardian Signature Required

Date