

ELEVATE VOLLEYBALL PERFORMANCE

Participant Liability Waiver, Medical Authorization, and Photo Release

Thank you for participating in Elevate Volleyball Performance ("EVP"). This form must be completed by a parent or legal guardian for all minor participants. **Participant Information**

Athlete Name: _____

Date of Birth: _____

Parent/Guardian: _____

Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Assumption of Risk

I understand that volleyball and athletic training involve inherent risks, including but not limited to falls, collisions, sprains, fractures, and other injuries. I voluntarily allow my child to participate and assume these risks.

Medical Authorization

I certify that my child is physically able to participate. In the event of an emergency, I authorize Elevate Volleyball Performance staff to seek emergency medical treatment for my child if I cannot be reached.

Insurance Responsibility

I understand that Elevate Volleyball Performance does not provide medical or health insurance coverage for participants. I certify that my child is covered by personal health insurance and accept responsibility for any medical expenses incurred.

Release of Liability

To the fullest extent permitted by law, I release and hold harmless Elevate Volleyball Performance, Coach Casey Golden, assistant coaches, volunteers, and facility owners from any claims arising from participation except in cases of gross negligence or willful misconduct.

Photo and Video Release

I grant Elevate Volleyball Performance permission to photograph and/or record my child during activities and to use those images or videos for social media, website, promotional, and marketing purposes without compensation. I understand names will not be published without additional consent.

Photo Opt-Out

Initial here if you DO NOT want your child photographed or recorded: _____

Code of Conduct

I understand that athletes are expected to demonstrate good sportsmanship, respect coaches and fellow athletes, and follow safety instructions. Coaches reserve the right to dismiss disruptive participants without refund.

Parent/Guardian Acknowledgment

I have read and understand this waiver and voluntarily agree to its terms on behalf of my minor child.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____

Athlete Name: _____

This document is provided as a general youth sports participation waiver and should be reviewed by local legal counsel for compliance with Maryland law and the specific needs of Elevate Volleyball Performance.