Quickset Volleyball Club

531 W Nicholas St

Frackville, PA 17931

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY TO PLAYERS.

I understand and agree that there are risks of significant injury to myself, whether caused by other players or someone else, in their use of or presence on East Hills MS or Northeast MS premises. I understand and agree that these risks of injury include, but are not limited to, slips, trips, falls, collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage, including but not limited to economic, property, emotional, mental, physical or any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my own behalf I fully understand, voluntarily accept, and specifically assume these risks of injury.

WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT. On my own behalf, I agree to release and discharge from all liability, and waive all claims, demands and actions against KRVA, East Hills Middle School, Northeast Middle School, Quickset VBC, Club director Tim Dando, and all coaches for any and all injuries, harms, or damages sustained by any player in connection with their use or presence on the premises, or their use of facilities, equipment, services, programs or activities within or outside its centers, resulting or arising from the negligent acts or omissions of EHMS and NEMS, or the negligent acts or omissions of me, any of the players, other members, guests, visitors or other persons on the premises. I agree to defend, indemnify and hold KRVA, EHMS,NEMS, Quickset VBC, Tim Dando, or any coach harmless against any and all claims brought by anyone against them related to such injuries, harms or damages.

By signing this Agreement, I certify that I have thoroughly read, fully understand, and voluntarily accept and agree to the terms above.

Print parent name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date - \_\_\_\_ / \_\_\_\_/ \_\_\_\_\_\_\_

Printed player’s name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_