

# Summer Volleyball Clinic Parental Waiver

Participant Name:

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Date of Birth:

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Parent/Guardian Name:

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Phone Number:

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Email Address:

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## Waiver & Release of Liability

I, the undersigned parent or legal guardian of the participant listed above, hereby give permission for my child to participate in the Summer Volleyball Clinic. I acknowledge and accept the risks of physical injury associated with this activity. I release, discharge, and hold harmless the organizers, coaches, staff, and facility from any claims arising out of injury or illness to my child during clinic participation.

Medical Conditions/Allergies:

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Emergency Contact Name:

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Emergency Contact Phone Number:

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Parent/Guardian Signature:

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Date:

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