Team WAVE/BVNE
WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my myself/my minor player, _____ , to participate in the
>Please Print Player's Name<
Team WAVE, Beach Volleyball National Events, or We Are Volleyball Elite events.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, RESPONSIBILITY FOR MEDICAL CARE, AS WELL AS FINANCIAL RESPONSIBILITY, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

_____
>Initial Here<

I hereby release and hold harmless Team WAVE/BVNE company and brands, volunteers, designated coaches, and program officials, staff, and supervisors from all liability, and from all actions or claims that I or my minor child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold Team WAVE/BVNE (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to Team WAVE/BVNE to contact emergency services for my minor child/player at their discretion, including any necessary medical treatment and x-rays. I also hereby give permission to Team WAVE/BVNE to disclose the information contained on this document and obtained throughout the event to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

I hereby authorize Team WAVE/BVNE and their representatives to release my protected health information to any and all doctors, hospitals, or emergency medical technicians as deemed necessary by any emergency personnel or other medical professionals. If I wish to revoke this authorization, I must do so in writing and have such authorization on file with Team WAVE/BVNE.

Team WAVE/BVNE does not provide any medical or other insurance protection.

AUTHORIZING PARTY hereby AGREES NOT TO SUE ORGANIZER, any sponsors, advertisers, and organizers of the EVENTS, any other participants in the EVENTS, premises and facilities owners or lessors including the city where the event takes place, the State of California, and any city or county therein, parents, subsidiaries, licensees, shareholders, officers, directors, managing agents, employees, independent contractors, members, agents, attorneys, investors, affiliated organizations and entities, or any other persons assisting or participating in their activities.

Healthcare information for emergency services personnel:

Insurer_____ Subscriber_____

Insured Player_____ Insurer Phone_____

Policy #_____ Group ID_____

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE Team WAVE/BVNE AND SIGN IT OF MY OWN FREE WILL.

_____ _____
Printed Name Date

_____
Signature

_____
Emergency contact phone