

St. Charles Stars VBC Open Gym Waiver and Release

Player Name _____

Player Home Address _____ City _____

Player Birthday _____

This agreement releases St. Charles Stars Volleyball Club (Coaches) from all liability relating to injuries that may occur during the volleyball open gym. By signing this agreement, I agree to hold St. Charles Stars Volleyball Club (Coaches) entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in a volleyball open gym. These include but are not limited to death, personal injury or damage of any kind. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against St. Charles Stars Volleyball Club for any reason. In return, I will receive participation in the volleyball open gym. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

Parent/Legal Guardian Signature _____

Date Signed _____

Only need to sign one. This waiver will cover all open gym dates that a player attends.

