



## Registration and Release from Liability

Player Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Parent Email \_\_\_\_\_

School \_\_\_\_\_ Position(s) \_\_\_\_\_

Experience \_\_\_\_\_ **Circle Clinics Attending: 6/23, 7/22, 7/28**

### Voluntary Participation

1. I acknowledge that I have voluntarily chosen to participate in KC11 Volleyball Clinic(s).

### Assumption of Risk

2. I am aware that participation in athletic training involves physical exertion and the risk of potential injury or harm. I am voluntarily participating in these activities with knowledge of the risks involved, and hereby agree to accept any and all risks of injury or death by placing my initials here: \_\_\_\_\_. If participant is under the age of 18 please have a parent or legal guardian initial here: \_\_\_\_\_

### Release

3. As consideration for being permitted by KC11 Training, to participate in these activities and use their equipment, I hereby agree that I, my assignees, heirs, distributes, guardians and legal representatives will not make a claim against, sue, or attach the property of KC11 Training or its affiliates for injury or damage resulting from my participation in the Clinics or Lessons. I hereby release KC11 Training and its affiliates from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the Clinics.

### Acknowledgement

4. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and KC11 Training, and sign it of my own free will.

Printed Full Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Participant Name \_\_\_\_\_