

**Angelo Tribe Volleyball Club  
Waiver of Liability**

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage.

With a full understanding of the potential risks I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT with ATVC.

I hereby take the following action for executors, my administrators, heirs, next of kin, successors, assigns and myself:

- a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my traveling to and from or my participation in any volleyball event. Angelo Tribe Volleyball Club, any facilities, tournaments, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of the above;
- b) I AGREE NOT TO SUE any of the persons or entities listed above for any claims of liabilities that I have waived, released or discharged herein; and
- c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I have read and understood the Assumption of Risk & Participation and give the participant listed below my permission to participate in any Angelo Tribe Volleyball Club activity for the years 2022 through 2023.

I, the player and the player's parent or legal guardian, have read, understand, and freely accept this agreement as written and indicate so by my signature below.

**PARENT/LEGAL GUARDIAN**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**PLAYER**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

I, as an authorized representative of Angelo Tribe Volleyball Club, accept this membership agreement on behalf of ATVC.

**ATVC REPRESENTATIVE**

By: \_\_\_\_\_  
Printed Name: Baylie Mills  
Date: \_\_\_\_\_