

**U.V.C.  
Urban Volleyball Club**

In consideration of Urban Volleyball Club, the staff, the club officers, and the gym hereinafter referred to as Organizers, allowing the undersigned, hereinafter referred to as Participant, to engage in various athletic endeavors, including but not limited to athletic games, events, practice session, conditioning sessions, and activities incidental thereto, the undersigned hereby agree the following:

1. Participant recognizes and understands that a certain risks or harm are inherent and that there are dangers involved that cannot be fully foreseen and over which the Participant Organizers and Owners has no control, which could result in property damage, bodily injury or death.
2. Participant understands that there are dangers and inherent risks in playing or practicing to play in any sort, including VOLLEYBALL, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury related to the eye and or head, serious injuries to virtually all internal organs, serious injury to all bones, joint, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my body and general health and well being.
3. Organizers strongly suggest that the Participants seek medical advice prior to engaging in any part of the various athletic endeavors, including but not limited to athletic games, events, practice, sessions and activities incidental thereto,
4. Participants agrees to assume all risks and responsibilities for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earnings, capacity and property damages which may be incurred by Participant while Participant engages in athletic games, events, practice session, conditioning session, and travel if any.
5. I have read the above agreement and forgoing and have willingly signed the same for consideration expressed and with full understanding of its purpose. Participant represents that he/she is 18 years of age or older and otherwise competent to execute this instrument or that his/her legal guardian is also signing this agreement.

Medical Release

Further, I give permission to UVC to treat Child or arrange medical care or treatment for my child in any situation deemed reasonably necessary by UVC if the circumstances permit, UVC shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact

Secondary Emergency Contact

\_\_\_\_\_  
(Name and Phone)

\_\_\_\_\_  
(Name and Phone)

In the event that an emergency contact can not be reached or if the urgency of the situation requires immediate attention without prior telephone contact, UVC may arrange for treatment of the child at the expense of the parent or legal guardian signing this form.

Health Insurance PPO information for the Child is as follows

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_