Urban Volleyball Club

Offer and Acceptance and Medical Waiver Agreement

For the 2020-2021 season, this letter is to certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am joining Urban Volleyball Club for the 2020-2021 USAV Membership period. (Athlete’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name Initial Installment (due at signing) Monthly Payment (Oct-April)

\*Payments are due on the 10th of each month

Date of Offer \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Once this offer is signed and fully executed by all parties, all other clubs are obligated to respect my signing and shall cease to contact me. I shall notify any club coach, club representative or club director who contacts my family or me that I have officially joined Urban Volleyball Club. Signatures by player, guardian and club director of this letter of intent and payment of initial installment signifies commitment to UVC for one season. **It is a violation to attend another club’s tryout or discuss other opportunities once you have fully executed this agreement.**

We the undersigned jointly certify that we have read and understand the above information and agree to the bound to Urban Volleyball Club for the 2020-2021 North Texas Region Club Volleyball season.

**Medical Waiver Agreement:**

Participant(s) agrees to assume all risks and responsibilities for any and all claims for damages, including personal injury or death, **this includes the contraction of and exposure to Covid-19**, 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, on UVC property or during a UVC event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Athlete/Participant (Print Name) Athlete/Participant (Signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Print Name) Parent/Guardian (Signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Club Director (Print Name) Club Director (Signature) Date