



**MEDICAL AND LIABILITY RELEASE (Required for Participation):**

I understand that playing or participating in K Elites Volleyball open gyms, private lessons, camps, clinics, sand volleyball, or leagues, are potentially dangerous activities involving the risk of injury, or the potential exposure to various infectious diseases and or viruses, including the currently most monitored COVID-19 virus I understand that in any contact sport, such as the sport involved at this open gym, private lesson, camp, clinic, sand volleyball or league, an athletic participant can be seriously hurt, contract a disease, or be infected with a virus that requires medical attention.

I am aware that the dangers and risks of my child's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity, exposure to various diseases, viruses, or other germs that may cause sickness or serious harm. I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to Karen Kozacheck and K Elites Volleyball Camp/Open Gym, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that Karen Kozacheck recommends that my child obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his/her participating in the above named sport. I have advised Karen Kozacheck of any limitations on my child's activities for medical.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport; and in consideration of my child being allowed to participate in the open gym, private lesson, camp, clinic, sand volleyball or league, I hereby agree on behalf of myself, my family members and my child to assume all such risk and, further, to waive, release, discharge and hold harmless Karen Kozacheck, K Elites Volleyball Club, Gateway Region Volleyball, USA Volleyball, and their respective volunteers, agents, representatives, trainers, coaches, and directors from any and all liability, actions, causes of actions, claims or demands for personal injury, sickness, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's playing and participating in the above sport. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, including but not limited to, negligence.

The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child and our heirs, executors, administrators, guardians of anyone else who might assert a claim on our behalf.

I hereby consent to permit Karen Kozacheck and/or other coaches or volunteers to obtain emergency first-aid or medical treatment for my child, according to their best judgment, in the event he/she suffers an injury or illness while participating in the open gym, private lesson, camp, clinic, sand volleyball or league on the premises. Furthermore, my signature as a parent or guardian below grants my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare to my child in the case of an accident or emergency. This permission includes admission to area hospitals if necessary.

Full Name of Child \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE:**

I give permission and consent to allow photographs and video of my child to be taken during camp session activities and season practices. I further give permission and consent that any such photographs and video may be published and used by K Elites Volleyball Club and its Director/coaches online and video-based marketing materials, as well as other publications to illustrate and promote the camp, open gym and recruiting.

I hereby release and hold harmless K Elites Volleyball Club from any reasonable expectation of privacy or confidentiality associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child listed below and that I have full authority to consent and authorize K Elites Volleyball Club to use his/her likeness and name.

I further acknowledge that participation is voluntary and that neither I, the minor child will receive financial compensation of any type associated with the taking or publication of these photographs and video or participation in company marketing materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release K Elites Volleyball Club, it's volunteers and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed below.

Full Name of Child

\_\_\_\_\_

Signature of Parent or legal Guardian

\_\_\_\_\_

Date

\_\_\_\_\_