

ELEVATE

VBC

Liability Waiver

I/we hereby agree to indemnify and hold harmless the Elevate Volleyball Club (Elevate VBC), its officers, coaches and volunteers from and against any and all liability for an injury which my daughter may suffer, connected with their participation in this program. In case of an emergency occurring during or in connection with any activity of Elevate VBC, I authorize any person in charge of the activity to allow medical and/or dental treatment for my daughter at my expense. I understand the Elevate VBC is not obligated to carry any insurance to cover these medical and/or dental expenses.

Player Name

Sign Name

Date

Parent/Guardian Name

Sign Name

Date
