

2021 Louisville Fury Tornados Training

WAIVER AND RELEASE

Printed Name of Participant: _____ Date Of Birth: ____/____/____

Address: _____

Cell #:(____) _____ Emergency #:(____) _____ E-mail: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

I acknowledge that volleyball is an extreme test of a person’s physical and mental limits and that my participation in this activity can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THIS EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

(a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence and/or willful misconduct of the Released Persons listed below, which arise out of or relate to my traveling to and from or my participation in this event, the following persons or entities (collectively, the “Released Persons”): Louisville Fury Volleyball LLC and the officers, directors, employees, representatives, and agents of the above;

(b) I AGREE NOT TO SUE any of the Released Persons for any of the claims or liabilities that I have waived, released, or discharged herein; and

(c) I INDEMNIFY AND HOLD HARMLESS the Released Persons from any claims made or liabilities assessed against them as a result of my actions.

I do not have any physical limitations, medical ailments, physical or mental disabilities that would prevent or limit me from participating in this event.

If I am under eighteen (18) years of age, my parent or legal guardian has executed this waiver and release on my behalf and hereby binds him or her, myself and all other assigns to the terms of this waiver and release. My parent or legal guardian represents that he or she has legal capacity and authority to act for and on my behalf, and agrees to indemnify and hold harmless the Released Persons for any claims or liabilities assessed against them as a result of any insufficiency of his or her legal capacity or authority to act for and on my behalf in the execution of this waiver and release. My parent or legal guardian fully consents to my participation in this event and authorizes representatives of Louisville Fury Volleyball LLC to act for him or her using their best judgment in any situation requiring medical attention for me.

Participant’s Signature (regardless of age): _____ Date: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____