



2019 OPEN GYM

WAIVER AND RELEASE OF LIABILITY

Waiver of Claims: I, as parent/guardian, hereby give my permission for my child to participate in the Open Gym sponsored by Achilles Volleyball Club and hereby acknowledge the fact that she is physically capable to participate in these games. I, as the parent/guardian, also acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) if such emergency to occur. I hereby waive any claims I might have against Achilles Volleyball Club as well as the School District who is providing the gym facilities.

Printed name of player: _____

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____