



## 1st Annual Bearcat Brawl Volleyball Tournament

May 9, 2026 | Silverton Middle School

### Waiver, Consent, and Release of Liability Form

By signing this document, the undersigned participant (the "Player") and/or their Parent/Guardian agree to the following terms regarding their participation in the Bearcat Brawl Volleyball Tournament (the "BBVT"):

- **Health & Fitness:** The Player confirms they meet the minimum requirements to play, are in good physical condition, and have no physical or mental impairments that would prevent safe participation, except as explicitly noted at the bottom of this form.
- **Assumption of Risk:** The Player understands that participating in, coaching, or spectating at the BBVT involves risks, including the risk of serious personal injury, illness, or fatality. The Player fully assumes all risks associated with their attendance and participation.
- **Release of Liability:** The Player absolutely waives, releases, and holds harmless the BBVT, the Silverton Bearcats Volleyball Club, and their respective coordinators, officers, volunteers, officials, and sponsors from any and all claims, damages, or liabilities arising from the Player's participation in the tournament.
- **Medical Costs & Insurance:** The Player acknowledges that the BBVT does not provide medical or accidental injury insurance. The Player is solely responsible for their own safety and assumes full responsibility for any medical or hospital costs incurred during the event, regardless of private insurance coverage.
- **Rules & Conduct:** The Player agrees to abide by all volleyball rules, facility regulations, and guidelines set by the BBVT.
- **No Refund Policy:** The BBVT will not issue refunds to players or teams for unplayed games for any reason, including injury, illness, voluntary non-participation, or weather.

#### Acknowledgment

I acknowledge that I have read, understood, and agree to abide by all provisions in this waiver and release of liability. I certify that the information provided below is correct.

#### Participant Information

Print Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Cell Number: \_\_\_\_\_

#### Parent/Guardian Information (Required if Player is under 18)

Parent/Guardian Signature: \_\_\_\_\_ Cell Number: \_\_\_\_\_

#### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

#### Medical Notes

Physical/Mental conditions or allergies to note in case of an emergency:

---

---

---