

SILVER STATE YOUTH SPORTS (dba SILVER STATE ATHLETIC CENTER & SILVER STATE VOLLEYBALL CLUB) WAIVER

If the athlete is 18 or over, they must sign this release and waiver. If the athlete is under 18, a parent/guardian must execute this waiver and release on behalf of the minor.

In participating in training EVENT(S) including lessons, clinics, workouts, practices and any other activities, the athlete/parent guardian (hereafter referred to as UNDERSIGNED) acknowledges, appreciates and agrees that:

1. I hereby give my permission for the UNDERSIGNED to participate in EVENTS held at or in association with Silver State Youth Sports (dba Silver State Athletic Center and Silver State Volleyball Club hereafter referred to as "RELEASEES") and do hereby assume the risks of participating in said activities and, on behalf of UNDERSIGNED waive, release and discharge from any and all claims or liability all staff, personnel, and facility owner/operators from all liability to the UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin for any and all injury, disability, death, or loss or damage to person or property from involvement or participation in these EVENT(S), whether arising from the negligence of the RELEASEES or otherwise, to the fullest extent permitted by law.
2. Medical Release: If the athlete is under 18 years of age, I hereby acknowledge that I am the lawful parent and/or guardian of the minor. If during the course of my child's participation she/he should become ill or sustain an injury, I hereby authorize RELEASEES to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred.
3. Image Release: UNDERSIGNED involved in EVENTS offered by RELEASEES consents to being photographed/videotaped or likeness may be published without compensation on the RELEASEES websites or in editorial, promotional or advertising material.
4. COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly by person-to-person contact. RELEASEES have put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 during EVENTS; however, RELEASEES cannot guarantee that UNDERSIGNED will not become infected with COVID-19. Further, attending training could increase the risk of contracting COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation and assume the risk that the UNDERSIGNED may be exposed or infected by COVID-19 by attending the EVENTS and that such exposure or infection may result in personal injury, illness, permanent disability, and death. UNDERSIGNED agree that they have read and will abide by the procedures outlined in "Silver State Volleyball Safety Procedures"

I HAVE READ THIS WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant's Name(s): _____

Participant's Signature (if 18 or older): _____

Parent/Legal Guardian Name(s) (for participants under 18): _____

Signature(s) of Parent/Legal Guardian: _____

Date: _____ Email: _____ Phone Number _____