



# Mid-Maryland Beach Volleyball Club, Inc.

**PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.**

Athlete's Name: \_\_\_\_\_

## **AUTHORIZATION AND RELEASE OF LIABILITY**

I, the parent or guardian of the above-named child, authorizes the participation of my child in MID-MARYLAND BEACH VOLLEYBALL CLUB, INC. ("MMBVC"). I understand and agree that my child's participation in athletic and other activities of MMBVC necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, playing area and equipment defects, and negligence of coaches. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the MMBVC, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, MMBVC. and all of the MMBVC's directors, coaches and volunteers, insurers, agents and representatives, and all other persons associated with MMBVC as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in MMBVC activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

## **MEDICAL CONDITIONS**

I understand that participation in the MMBVC activities may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the MMBVC activities. I understand that MMBVC or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If MMBVC determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in the MMBVC activities, MMBVC may determine that my child cannot be permitted to participate. I understand and agree that, while MMBVC desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

## **CONSENT TO MEDICAL TREATMENT**

In the event my child is injured or becomes ill in MMBVC activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the MMBVC staff, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability.

Parent's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Athlete's USAV Number: \_\_\_\_\_

Date: \_\_\_\_\_