



JUMP CLASS INFORMATION AND RELEASE OF LIABILITY FORM

I, THE PARTICIPANT, AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS. I acknowledge that JUMP TRAINING or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury or property loss. With a full understanding of the potential risks, **I HEREBY ASSUME THE RISKS OF PARTICIPATING IN JUMP TRAINING OR OTHER ATHLETIC SOCIETY/SPECTRUM VBC EVENTS.** 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 a result of gross negligence and/or wanton misconduct of persons or entities listed below, which arise out of or are related to my participation in JUMP TRAINING or another club event.

ATHLETIC SOCIETY, Spectrum Volleyball Club, employees, and participants in this training group shall not be liable for any claims, demands, injuries, or cause of action whatsoever to person or property connected with this individual's participation in jump training class or other Athletic Society/Spectrum VBC events. I have carefully read this agreement, release, and fully understand its contents. I acknowledge and understand that, by signing this agreement, I agree to assume all risks of participating in JUMP CLASS and any other exercise or activity available at Athletic Society/Spectrum VBC.

PARTICIPANTS NAME: _____, **SIGNATURE:** _____ **DATE:** _____

(Complete below if participant is a minor.)

THE PLAYER IS UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE. THE PARENT/GAURDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If the applicant is under 18 years of age, a parent/guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.)

The undersigned Parent or Guardian of _____, (minor's name) hereby executes the forgoing waiver and release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Minor's Name: _____,
(First) (Last)

Age: _____, Date of Birth: _____,

E-Mail Address: _____,

Home Phone: (_____) _____, Cell Phone: (_____) _____

Printed Name of Parent/Guardian: _____

Signed Name of Parent/Guardian: _____ Date: _____