



Waiver and Release of Liability

By signing below, I give my child permission to participate in the UnoHit VBC clinics, practices, and events. I also certify that I am the legal parent and/or guardian of my child. I, the undersigned, hereby release and forever discharge UnoHit VBC from and all claims for damages, including personal loss, damage or injury to my child. I recognize the challenge of the sport of volleyball in which I have chosen to allow my child to participate and I assume all risks of personal injury or death in connection therewith. I attest that my child is sufficiently physically fit to participate safely therein, and I have not been advised otherwise by a qualified medical doctor. UnoHit VBC retains the rights to any photographs or videos taken to be used for publicity or advertising. I hereby authorize first aid and/or medical treatment deemed necessary for my child in case of emergency. I understand that I am responsible for any charges incurred from medical treatment of my child. I certify that: I have read and understand the Waiver and Release of Liability. I am aware that this is a release of liability and agreement to indemnify UnoHit VBC or its practice and clinic facilities, and I sign below at my own free will; I have a duty to read and understand the NCVA Girls Handbook or NCVA Boys Handbook (as applies) for the current season and agree to all Policies and Procedures as outlined in the handbook; I understand UnoHit VBC does not provide medical insurance to cover participation in club activities.

Player name(s): _____

Parent/Guardian name (print): _____

Parent/Guardian name (signature): _____ Date: _____

Questions: Coach Marilou Treltas at unohitvbc@gmail.com