

2017 Skillz Finest TNL Sand Volleyball League Waiver:

Name of Player: _____ DOB: _____

Parent/Guardian: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Emergency Contact 1: _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contact 2: _____ Relationship: _____

Phone: _____ Email: _____

Acknowledgement of Risk: I hereby acknowledge that I have voluntarily chosen to allow my child to attend Skillz Finest TNL Volleyball Sand Volleyball League. I understand the risks involved in participating in such activities. I recognize that each league activity involves risk of injury to my child and I agree to accept any and all risks associated with it. By voluntarily allowing my child to participate in league activities and with the knowledge of the risks involved, I hereby agree to accept any and all inherent risks. **Hold Harmless:** In consideration of allowing my child to participate in Skillz Finest TNL Volleyball Sand Volleyball League and to the fullest extent permitted by law, I agree to hold harmless Skillz Finest TNL, Inc. as well as its Board of Trustee, officers, employees, and its volunteers and assigns from and against all claims arising out of or resulting from my child's participation in league. I hereby voluntarily hold harmless and release Skillz Finest TNL, Inc., its trustees, officers, employees, agents and volunteers from any and all claims arising out of or incident to my child's participation in Skillz Finest TNL Volleyball Sand Volleyball League, which may be made on behalf of me, my child, my personal representatives and my heirs or assigns. **Child Will Abide By Rules and Regulations.** I have instructed my child to cooperate and comply with all reasonable directions and instructions received from league staff. I have reviewed the [written league rules, expectations, etc.]. I understand that any violation of league rules will result in consequences, and ultimately dismissal from league. I understand that if my child is dismissed from the league, I will not receive a refund for any unused portion of the pre- paid league fee. **Commitment to Being Available:** I commit to being available during league hours (3pm- 5pm) to answer a phone call from Skillz Finest TNL Volleyball Sand Volleyball League and its staff. I have provided a phone number to Skillz Finest TNL Volleyball Sand Volleyball League where I can be reached at any time during league hours. I also commit to being available or making arrangements for my child to be picked up for any reason and at any time during league hours (3pm-5pm). **Consent to Administer Non-Emergency First Aid:** I understand and acknowledge that occasionally a non-emergency may develop which necessitates the administration of non- emergency First Aid to my child. Therefore, in the event of non-emergency injury or illness which necessitates the administration of non-emergency First Aid, I hereby authorize Skillz Finest TNL Volleyball Sand Volleyball League to administer any necessary non-emergency First Aid. Non- emergency First Aid treatment may include, but is not limited to: cleaning, applying anti-biotic ointment to, and bandaging cuts or abrasions; removal of ticks or splinters; and applying an ice- pack to bites, stings, or an injury. The following substances may be used in the administration of non-emergency First Aid: water, ice pack, ACE bandage, antibacterial soap, alcohol swabs, anti- biotic ointment, and band-aids. No oral medication will be administered unless authorized and directed by the child's parent/guardian. I understand that if I do not consent to the administration of non-emergency First Aid or to the administration of any of the substances listed above, I will give written notification to Skillz Finest TNL Volleyball Sand Volleyball League no later than seven business days before the league session begins. **Consent to Administer Emergency First Aid:** In the unlikely event of a life or limb- threatening emergency, I give consent to Skillz Finest TNL Volleyball Sand Volleyball League and its staff to administer emergency First Aid as a first response until more advanced medical care is available. I understand that Skillz Finest TNL Volleyball Sand Volleyball League and its staff will use their best judgment, act in good faith, and will treat with the intention of not causing further harm. **Consent to Arrange Emergency Treatment:** I understand and acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization, or surgery to my child. Therefore, in the event of injury or illness to my child which necessitates emergency medical or dental care, I hereby authorize for the Skillz Finest TNL Volleyball Sand Volleyball League and its staff to arrange any necessary emergency treatment including the administration of anesthetics and surgery to my child. I also understand that a parent/guardian will be contacted at the earliest possible moment in the event of an emergency relating to my child. **Medical, Dental, Health, and Insurance Responsibilities:** I understand and acknowledge that Skillz Finest TNL Volleyball Sand Volleyball League cannot assume responsibility for determining the medical, dental, or health condition of my child. Therefore, I have consulted with a medical doctor and/or dentist, as I have deemed necessary, with regards to my child's individual medical or dental issues or needs, and find my child physically and mentally fit to participate in the Skillz Finest TNL Volleyball Sand Volleyball League. If my child is required to receive medical, dental, or hospital services during league, I am aware that Skillz Finest TNL Volleyball Sand Volleyball League cannot and does not assume legal responsibility for payment of such costs; rather, I hereby assure Skillz Finest TNL Volleyball Sand Volleyball League that I have assumed all risk and responsibility thereof and that my child has the necessary insurance to meet any and all needs for payment of these services during Skillz Finest TNL Volleyball Sand Volleyball League. **Permission to Use Photograph or Likeness:** I hereby give my permission to Skillz Finest TNL Volleyball Sand Volleyball League to use my child's photographic image, in whole or in part, for league- specific public information and for marketing activities at the discretion of Skillz Finest TNL Volleyball Sand Volleyball League. I understand that the photograph remains the property of Skillz Finest TNL Volleyball Sand Volleyball League.

Check this box if you do NOT give the above permission to use your child's photograph or likeness.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.

Name of Parent/Guardian of Child Listed Above (please print) _____

Signature of Parent/Guardian _____ Date _____