



# BEACH VOLLEYBALL ACADEMY

## Indemnity Waiver, Release and Assumption of Risk

**Participant Name:** \_\_\_\_\_  
(please print)

I, the undersigned, do hereby agree to participate and/or allow the participant(s) listed above to participate in the program(s) provided by the **Beach Volleyball Academy**. I understand that recreation programs, by their very nature, can present circumstances that place the participant at some risk of injury. Among factors affecting potential for injury are the inherent risks of the activity and the participant's aptitude and intensity of involvement. I understand and agree that I am and/or the above-named participant(s) is (are) entered into this program at my/their own risk.

In consideration of the acceptance of this registration form for the activities listed, the participant(s) named on this form or his/her legal guardian, agrees as follows:

- I understand the nature and content of the activity(ies) listed and am aware of the potential dangers incidental to engaging in the program(s).
- I agree to release, indemnify, defend and hold the Beach Volleyball Academy, its officers, employees, agents, coaches, and volunteers harmless and free from any and all liability of any nature resulting directly or indirectly from participation in the(se) program(s), including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, or for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s).
- I permit  do not permit  (*check one*) the Beach Volleyball Academy to use and publish photographs and/or video recordings of me and/or my children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or video recordings to the news media in support of the program.
- I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns.
- I am aware that this is a full release of liability, and sign it of my own free will.

Parents or Guardian's signature is required for participants who are under age 18.

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

