



## FACILITY WAIVER

Name: \_\_\_\_\_ Parent's Name(s): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

### RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT:

I, the undersigned, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate or to allow my child to participate in events at this facility at my/our own risk. I understand that as a spectator, myself and/or my children enter this facility at our own risk.
2. I understand that there are certain risks and hazards involved in participating in or attending Event(s) which may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and/or other participants.
3. The Player acknowledges that participation in a volleyball tryout may expose the Player to communicable diseases, including, without limitation, viruses such as COVID-19 (aka the Coronavirus), or other illnesses such as the flu. With a full understanding of the potential risks, the Player hereby KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES and assumes full and sole responsibility for the Player's participation in and travel to such activities and for the safeguarding of the Player's health.
4. I understand that the very nature of the Event/Activity is hazardous and risky. Further, I, the undersigned player, agree that in consideration for the right to participate, and in consideration for permission to utilize the fields, premises, parking area, or courts I agree to and accept the following:
  - a. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me: (1) while playing or practicing as a member of the team so designated; (2) while serving or being present in a non-playing capacity during play or practice by other teams or by other players on team, and (3) while on or upon the premises of any and all of the fields, parking area, or courts, which includes all areas of the premises including hallways, restrooms, and offices.
  - b. By participating, the Player voluntarily assumes all risks related to exposure to COVID-19 and other diseases and hereby agrees to hold Tampa Bay Volleyball Academy, LLC, the owners of any buildings in which the Club practices, plays or engages in any activities, Robert D. Gries, Jr., and any of their affiliates, directors, officers, employees, agents, contractors or volunteers harmless from and against any liability for any liability related to illness, injury or death, quarantine or other issues related in any manner to COVID-19 or other disease, whether or not such liability is alleged to have arisen, or has actually arisen, through the negligence, conduct, actions or inactions of the released parties.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(\*If Player is under 18 years of age)*

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

SIGNATURE OF PLAYER IF 18 OR OLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PLAYER (PRINT): \_\_\_\_\_