

Sunspots Volleyball Club  
Player / Participation Waiver  
6827 Market Street El Paso Tx 79915

\_\_\_\_\_ is hereby given my consent to participate.  
( Player Name )

I / We understand that El Paso Sunspots Volleyball Club and its director, coaches or volunteer coaches and staff nor anyone connected to El Paso Sunspots Volleyball Club will assume any responsibility for any medical, dental or other expenses incurred as a result of accidents/ injuries sustained in any activity related to El Paso Sunspots Volleyball Club this includes negligent rescue. I/We hereby waive my rights and all claims for damages or loss to my person and property for damages or loss to the person or property of my child as a result of her participation in El Paso Sunspots Volleyball Club or its events. I/We acknowledge that I/We give full permission to our child to participate in competition and or events with this organization. I recognize that the leaders are serving to the best of their ability. I/We certify that our child has full medical insurance with the company listed above. I/We authorize and give full permission or consent to El Paso Sunspots Volleyball Club to publish any and all photographs, film or videotapes that my child appears in while participating in this volleyball club or events. This includes but not limited to all forms of advertising and website publications. I/We sign this document feely without any inducements of any kind or promises of any kind. By signing this club contract I/We agree to the terms and conditions therein. This waiver will serve as a waiver for El Paso Sunspot Volleyball club season and events.

Players Name - \_\_\_\_\_ Date of Birth - \_\_\_\_\_

Parent Name - \_\_\_\_\_

Home Phone - \_\_\_\_\_ Cell # \_\_\_\_\_

Contact in Case of Emergency - \_\_\_\_\_

Phone # \_\_\_\_\_

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Parent Guardian Signature - \_\_\_\_\_ Date- \_\_\_\_\_

Player Signature - \_\_\_\_\_ Date - \_\_\_\_\_

**\*Sunspots will keep this waiver on file\***