

HOUSTON VOLLEYBALL BASH 2017
EMERGENCY MEDICAL FORM AND RELEASE OF LIABILITY

Athlete's Name: _____

Parents' or Guardians' Names (if applicable): _____

Emergency Contact and Phone #: _____

I, the undersigned, hereby certify that I am the applicant or the parent or legal guardian of the applicant. I hereby grant permission to the applicant to attend the 2017 Houston Volleyball Bash and to be treated by a licensed physician or member of the school's training staff in the event of any injury, accident or illness during the tournament. The undersigned applicant (parent/guardian, if under 18 years of age) understands that they will be engaging in physical activity during the tournament that contains inherent risk of physical injury. I, the undersigned, for myself, my heirs, executors and administrators, waive, release and forever discharge HardinHouston Local School, 2017 Houston Volleyball Bash, and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in the tournament.

Self/Parent/Guardian Signature: _____

Date: _____