



# PARTICIPATION CONSENT AND RELEASE FORM

**Fill out and email to: [Northernboysvolleyballboosters@gmail.com](mailto:Northernboysvolleyballboosters@gmail.com)**

**Or Mail to Becca Brown 75 Big Oak Road, Dillsburg, PA 17019**

**Deadline to receive Waiver form – June 8, 2024**

I, \_\_\_\_\_ acknowledge that I have voluntarily chosen to participate in the POLAR SMASH outdoor volleyball tournament and I release from liability and waive my right to sue the Northern High School Boys Volleyball team and the Northern York County School District, their employees, officers, volunteers, players and agents from any and all claims that may results from my participation in the POLAR SMASH outdoor volleyball tournament.

I, \_\_\_\_\_ understand that there are risks, associated with my participation in the POLAR SMASH outdoor volleyball tournament, such as physical injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death, or economic loss. These injuries or outcomes may arise from my own or other's actions or negligence or the condition of the tournament location or facilities. Nonetheless, I assume all risks of my participation in the POLAR SMASH outdoor volleyball tournament whether known or unknown to me.

If I need medical treatment because of my participation in the POLAR SMASH outdoor volleyball tournament, I agree to be financially responsible for any costs incurred because of such treatment. I am aware that the Northern York County School District and the Northern High School Boys Volleyball team do not provide health insurance for me and that I should carry my own health insurance.

I agree to hold the Northern York County School District and Northern High School Boys Volleyball team harmless from all claims, loss of damage to my personal property, liabilities and costs, including attorney's fees as a result of my participation in the POLAR SMASH outdoor volleyball tournament.

I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including releasing the Northern York County School District and Northern High School Boys Volleyball team from all liability, waiving my right to sue and assuming all risks of participating in this outdoor volleyball tournament.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **PARTICIPATION CONSENT AND RELEASE FOR A MINOR:**

I am the parent or legal guardian of (Full Name): \_\_\_\_\_ and I have read and understood this document and signed it freely for my minor dependent.

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_