



## WAIVER AND RELEASE OF LIABILITY

I certify my child, registered on this form, is in good health and may participate in all volleyball tryout and practice session activities. I understand participation is not without some inherent risk of injury. As such, in consideration of my child's participation in the Club Kaboom Volleyball, Inc. tryout and practice sessions, I hereby waive and release the Club Kaboom staff and the West Houston Indoor Soccer facility from all liability for injury or illness incurred while participating in the tryout and/or subsequent practices. I also give my permission for any emergency medical care or treatment, including transportation that may be required.

I hereby authorize the directors of the Club Kaboom Volleyball or any designated representative to act for and in accordance with their judgment in an emergency requiring medical attention. I further waive and release Club Kaboom Volleyball, Inc. from liability for any damages from injuries and/or illnesses sustained at the Club Kaboom Volleyball tryout and subsequent practice sessions, if applicable.

I know of no mental or physical conditions which might affect my child's ability to safely participate in the tryout or practices or I have notified the instructors of any and all physical or mental ailments my child has experienced of which they should be aware.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In case of an emergency, please notify:

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

**PLEASE ARRIVE 15 to 30 MIN EARLY FOR REGISTRATION WITH TRYOUT FORM COMPLETED, WAIVER SIGNED AND FEE.**

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**DO NOT WRITE BELOW THIS LINE (CLUB USE ONLY):**

**OFFERED POSITION IN PROGRAM: Y or N      ACCEPTED POSITION: Y or N**

**AGE DIVISION: \_\_\_\_\_**

**TEAM: \_\_\_\_\_**