**PARENT/GUARDIAN AUTHORIZATION AND RELEASE WAIVER 2019**

AS CUSTODIAL PARENT OR COURT-APPOINTED GUARDIAN OF OUR CHILD, I DO FOR BOTH OF CHILD'S PARENTS, FOR CHILD AND CHILD'S HEIRS AND SUCCESSORS, RELEASE ELITE VOLLEYBALL PROGRAM, INC. AND ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES (ALL OF THE FOREGOING COLLECTIVELY "ELITE VOLLEYBALL PROGRAM, INC.") FROM ALL CLAIMS ARISING OUT OF OR CONNECTED WITH CHILD'S PARTICIPATION IN ANY ELITE VOLLEYBALL PROGRAM, INC. PROGRAM. I PROVIDE THIS RELEASE BECAUSE I AM MINDFUL THAT ATHLETICS, PHYSICAL TRAINING AND COMPETITION CAN BE A DANGEROUS UNDERTAKING REGARDLESS OF HOW CAREFUL OR PRUDENT ANY PERSON, FIRM OR FACILITY MIGHT BE. FURTHER, I GIVE PERMISSION TO ELITE VOLLEYBALL PROGRAM, INC. TO TREAT CHILD OR ARRANGE FOR MEDICAL CARE OF TREATMENT FOR CHILD IN ANY SITUATION DEEMED REASONABLY NECESSARY BY ELITE VOLLEYBALL PROGRAM, INC.. IF CIRCUMSTANCES PERMIT, ELITE VOLLEYBALL PROGRAM, INC. SHALL ATTEMPT TO COMMUNICATE FIRST VIA TELEPHONE WITH THE EMERGENCY CONTACTS FOR CHILD.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Waiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_