

ILLUSIONS

CLUB VOLLEYBALL

Ph: (210) 330-6312

E-mail: coachmolly79@gmail.com

2025-2026 Try-out Waiver Form

Waiver and Release of Liability:

I agree that I have chosen to try-out for the Illusions Club Volleyball of my own free will and recognizance, and was not coerced, deceived, misrepresented, induced or promised anything in lieu of me deciding to try-out for the Illusions Club Volleyball.

I agree to hold harmless, waive, release and forever discharge Illusions Club Volleyball, its directors, administrators, any staff members, officers, agents, suppliers, its gym renters, any heirs or their 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 while participating in these try-outs.

All participants should be covered by their own insurance policy. I understand that the Illusions Club Volleyball and any of the facilities that are used do not provide medical insurance in the event of an injury. I agree to be present for the entire try-out, but in the event that I am not present do give permission to the Illusions Club Volleyball and its staff to seek or administer appropriate medical attention and treatment on my behalf and in my absence.

By signing, I certify that I am the parent or legal guardian of the person listed below.

Name of Participant (print)

Parent/Legal Guardian (print)

Date

Parent/Legal Guardian Signature

Date