



CLINIC & SMALL GROUP LESSON REGISTRATION FORM

For more information on Northern California Volleyball Club, contact Director Robert McNutt at (530) 613-2612 or rmcnutt@ncvcvolleyball.com. Please visit our website at www.ncvcvolleyball.com for more information on our clinic schedule.

Player's Name: _____

Address: _____

City, Zip: _____

Phone: (h) _____ Parents (c) _____

Parents Email: _____

Emergency contact: _____

Phone: _____ Relationship: _____

Date of Birth: _____ Age: _____ Grade: _____ Male Female

Please do not include me on any mailing/emailing list regarding Club events.

Release & Indemnity

In consideration for being permitted by Northern California Volleyball Club (NCVC) and the practice facility to participate in the above activity (ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I or my child (if participating) may have, of which hereafter accrue to me, or my child, against the LLC as a result of my or my child's participation in the activity (ies). This release is intended to discharge both NCVC and the practice facility, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my or my child's participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of the persons or agency mentioned above. I further understand that accidents and injuries can arise out of the activity (ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (throughout negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless both NCVC and the practice facility, its officers, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of my or my child's participation in the activity (ies) described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence or willful misconduct of NCVC and the practice facility.

I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY NCVC AND THE PRACTICE FACILITY AND I SIGN IT OF MY OWN FREE WILL.

Signature of parent or guardian

Date

Printed name of parent or guardian