



**SAINT LOUIS VOLLEYBALL CAMP
RELEASE AND WAIVER OF LIABILITY FORM**



MEDICAL AND LIABILITY RELEASE (Required for Participation):

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously hurt.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity. I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to Kent Miller and Saint Louis Volleyball Camp, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that Kent Miller recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his participating in the above named sport. I have advised Kent Miller of any limitations on my child's/ward's activities for medical reasons.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport; and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risk and, further, to waive, release, discharge and hold harmless Kent Miller, Saint Louis Volleyball Camp, Kent Miller Volleyball LLC, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers, camp coaches and counselors and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, including but not limited to, negligence.

The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians of anyone else who might assert a claim on our behalf.

I hereby consent to permit Kent Miller and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises. Furthermore, my signature as a parent or guardian below grants my permission for a qualified physician, athletic trainer and/or hospital emergency room to administer necessary healthcare to my child/ward in the case of an accident or emergency. This permission includes admission to area hospitals if necessary.

Full Name of Child/Ward

Date

Signature of Parent or Legal Guardian

Submission Options:

1. Mail to Saint Louis Volleyball Camp, PO Box 220271, St. Louis MO 63122
2. Email to info@saintlouisvolleyballcamp.com
3. Scan and upload to your online account
4. Fax to 314-977-3178, Attn: Volleyball Camp



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PHOTO RELEASE:

I give permission and consent to allow photographs and video of my child/ward to be taken during camp session activities. I further give permission and consent that any such photographs and video may be published and used by Saint Louis Volleyball Camp and its agents, in print, online and video-based marketing materials, as well as other publications to illustrate and promote the camp.

I hereby release and hold harmless Saint Louis Volleyball Camp from any reasonable expectation of privacy or confidentiality associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child listed below and that I have full authority to consent and authorize Saint Louis Volleyball Camp to use his/her likeness and name.

I further acknowledge that participation is voluntary and that neither I, the minor child/ward will receive financial compensation of any type associated with the taking or publication of these photographs and video or participation in company marketing materials or other publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Saint Louis Volleyball Camp, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor child/ward listed below.

Full Name of Child/Ward

Date

Signature of Parent or Legal Guardian

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