



**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.

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Full Name of Child/Ward

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Date Signature of Parent or Legal Guardian

**Due Date: Two weeks prior to camp. If you register within 2 weeks of camp, please submit by email only.**

**Updated: 1/1/19**

**Submission Options:**

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