

COMET VOLLEYBALL SKILLS CAMP WAIVER & RELEASE FORM
Mayville State University

Participant's Name: _____
Age: _____
Parent/Guardian Name: _____
Phone Number: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____

WAIVER AND RELEASE OF LIABILITY

I, the undersigned parent/legal guardian of the above-named participant, acknowledge that participation in the **Comet Volleyball Camp** at **Mayville State University** involves an inherent risk of physical injury. In consideration of my child's participation in this camp, I agree to the following:

1. **Assumption of Risk** – I understand and acknowledge that volleyball is a sport that involves physical exertion and contact with equipment, surfaces, and other players, which may result in injury. I voluntarily assume all risks associated with my child's participation in this camp.
2. **Release of Liability** – I hereby waive, release, and discharge **Mayville State University, its coaches, staff, volunteers,** from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or harm sustained by my child while participating in the camp.
3. **Medical Authorization** – In the event of an emergency, I authorize the camp staff to seek medical treatment for my child and to provide necessary medical assistance. I understand that I am responsible for any medical expenses incurred as a result of my child's participation in the camp.
4. **Insurance Responsibility** – I certify that my child is covered under a personal or family insurance policy or that I assume responsibility for any medical costs.
5. **Photography/Media Release** – I grant permission for photographs and videos taken of my child during the camp to be used for promotional and marketing purposes, including on websites and social media.
6. **Code of Conduct** – I understand that my child is expected to follow all camp rules and instructions provided by coaches and staff. Any violation of these rules may result in my child's dismissal from the camp without refund.

I HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE OF LIABILITY AND AGREE TO ITS TERMS VOLUNTARILY.

Parent/Guardian Signature: _____

Athlete Signature: _____

Date: _____