Comet Volleyball Team Camp Waiver and Release of Liability

Team Name: _____

Coach's Phone Number: _____

Email: _____

Waiver and Release of Liability:

I, the undersigned participant, acknowledge and agree to the following:

- **Assumption of Risk:** I understand that participating in the volleyball tournament involves inherent risks, including but not limited to physical injury, property damage, and other hazards. I voluntarily assume all risks associated with my participation.
- **Release and Waiver:** I hereby release, waive, and discharge *Mayville State University*, its employees, staff, and volunteers from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, or injury that may be sustained by me while participating in the tournament.
- **Indemnification:** I agree to indemnify and hold harmless *Mayville State University* from any and all claims, demands, actions, and causes of action arising out of or related to my participation in the tournament.
- **Medical Treatment:** In the event of an emergency, I authorize *Mayville State University* to secure medical treatment for me. I understand that I will be responsible for any medical expenses incurred.
- **Photo Release:** I grant permission to *Mayville State University* to use photographs or videos taken during the tournament for promotional purposes.

Acknowledgment of Rules: I agree to abide by all rules and regulations set forth by *Mayville State University* and understand that failure to comply may result in my disqualification from the tournament.

Participants:

Name: _____

Signature: _____

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Insert more lines as needed.