

## IPV Event Waiver Form

### Participant Information:

Athletes Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact \*optional: \_\_\_\_\_

Email Address: \_\_\_\_\_

Event Type (Camp/Lesson/Tryout...) \_\_\_\_\_

### Waiver:

I grant permission for clinic/lesson photos (including my daughter) to be posted on the Illinois Performance Volleyball, Inc. ([www.ipvbc.com](http://www.ipvbc.com)), or IPV Social Media sites.

I grant Illinois Performance Volleyball, Inc. (IPV) permission to contact me about future clinics, lessons, volleyball programs and tryouts.

I hereby grant permission for my daughter \_\_\_\_\_, to attend clinics/lessons offered by Illinois Performance Volleyball, Inc. My daughter has no medical condition that would interfere with her participation in the clinic. I release the clinic/lesson instructors, clinic/lesson facility and all staff from any liability from injuries which may occur.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If, during the course of my daughter's/son's activities in volleyball, she should become ill or sustain an injury, I **do** authorize the Illinois Performance Volleyball, Inc. staff to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

OR

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **do not** authorize emergency medical/dental care for my daughter/son.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_