

**Illinois Performance Volleyball (IPV) Tryout**

Athletes Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age Group Tryout out for: \_\_\_\_\_ Preferred Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous Club/School VB experience: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TRYOUT #  
1st: DS MH OH RS S  
2nd: DS MH OH RS S  
SEASON: F W S  
To be filled out at check-in

**WAIVER AND RELEASE OF LIABILITY**

I acknowledge that volleyball is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: USA Volleyball and its Regional Volleyball Associations, Illinois Performance Volleyball, Inc., ARC Recreation Center, Good Samaritan Health & Wellness Center, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I certify that:

- 1. I have read and understand the Waiver and Release of Liability;
- 2. I understand that I have given up substantial rights
- 3. I (or my parent or legal guardian) am at least eighteen (18) years old;
- 4. I agree and consent to abide by the Waiver and Release of Liability set forth herein

Participants Signature : \_\_\_\_\_ Date Signed: \_\_\_\_\_

**If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.**

The Undersigned parent and natural guardian or legal guardian on the minor executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Printed Name

Parent/Guardian's Signature

Date Signed