

SOUND VOLLEYBALL CLUB WAIVER & RELEASE OF LIABILITY STATEMENT

I, _____ (participant), acknowledge that I have voluntarily applied to participate in a Sound Volleyball Club program at Connecticut College.

I am aware that activities associated with this program are dangerous and that these activities could cause bodily injury and even death. I am voluntarily participating in these activities with knowledge of these dangers, and agree to assume any and all risks of bodily injury, death, or property damage, whether those risks are known or unknown.

As consideration for being permitted to participate in these activities I forever release Sound Volleyball Club, Connecticut College, and its members, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Participant's name (printed)

Parent / Guardian signature

Parent's / Guardian's name (printed)

Date