

ASSUMPTION OF RISK

In consideration of **TEJAS VOLLEYBALL (TVC, Inc.)**, NYTEX Sports Centre, the staff, and club officers hereinafter referred to as Organizers, allowing the undersigned, hereinafter referred to as Participant, to engage in various athletic endeavors, including, but not limited to athletic games, events, practice sessions, conditioning sessions, and activities incidental thereto, the undersigned hereby agree to the following:

1. Participant recognizes and understands that certain risks or harm are inherent and that there are dangers involved that cannot be fully foreseen and over which the Organizer has no control, which could result in property damage, bodily injury or death.
2. **Participant understands that there are dangers and inherent risks in playing or practicing to play in any sport, including VOLLEYBALL, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my body and general health and well being.**
3. The Organizers strongly suggests that the Participant seek medical advice prior to engaging in any part of the various athletic endeavors, including but not limited to athletic games, events, practice sessions, conditioning sessions, and activities incidental thereto.
4. Participant agrees to assume all risks and responsibilities for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by Participant while Participant engages in athletic games, events, practice sessions, conditioning sessions, and travel beginning May 12, 2008.
5. I have read the above agreement and foregoing and have willingly signed the same for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is 18 years of age or older and otherwise competent to execute this instrument or that his/her legal guardian is also signing this agreement.

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MEDICAL RELEASE

Further, I give permission to TVC Inc. to treat Child or arrange for medical care or treatment for my child in any situation deemed reasonably necessary by TVC Inc. If circumstances permit, TVC, Inc. shall attempt to communicate first via telephone with the following emergency contacts for child.

Primary Emergency Contact:

Secondary Emergency Contact:

(Name and Relationship)

(Telephone #)

(Name and Relationship)

(Telephone #)

In the event neither emergency contact can be reached or if the urgency of the situation requires immediate attention without prior telephone contact, TVC, Inc. may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form. Health Insurance, PPO information for child is as follows:

Insurance Company: _____ Policy Number: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone : (____) _____

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Date: _____

Participant's Name: _____ S.S.#: _____

Participant's Signature: _____

Parent or Guardian

Print Name: _____

Accepted by
Parent's or Guardian's Signature: _____