

Date _____

Affidavit & Release Form

AFFIDAVIT AND RELEASE

The undersigned hereby acknowledges and agrees to the following:

1. I am over the age of eighteen (18) years old and acknowledge that I have full authority to sign this Affidavit and Release.
2. I or My child _____ is participating in the **Sierra volleyball club volleyball practices and tournaments.**
3. I agree that the activity is voluntary and that I or she are not obligated to participate in the activity.
4. I hereby acknowledge that the activity may result in a direct injury to me or my daughter.
5. I acknowledge and affirm that she or I ARE/ARE NOT currently covered by medical insurance benefits; and, therefore, I hereby consent to her participating in the activity; and, hereby release, discharge, indemnify, defend, hold harmless and exonerate Sierra Volleyball Club Incorporated in Florida its Trustees, Officers, employees, members, representatives, insurances, agents, and representatives from any and all claims, causes of action, demands, or liabilities of whatsoever kind and nature, including judgments, interest, reasonable attorney's fees, costs, and expenses that should occur due to her participation in the activity.
6. I hereby acknowledge that I will be fully liable for any medical bills resulting from this activity.

This Affidavit of Release inures to the my heirs, beneficiaries, executors, administrators, former and present attorneys, representatives, any and all insurance carriers, and assigns of individuals, and the officers, directors, shareholders, agents, employees, servants, any and all insurance companies, and successors of assigns of the parties.

Print Parent's Name

Parent's Signature

Print Name - Adult Witness

Signature Adult Witness

