

Passion with Purpose Athletics Ltd Volleyball Player Development Waiver Form

(MUST BE SIGNED AND BROUGHT WITH YOU TO REGISTRATION)

Name of Camper _____ Date _____

WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

PLEASE READ THIS "RELEASE" CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. IT MUST BE FULLY SIGNED AND SUBMITTED BEFORE YOU ARE ALLOWED TO PARTICIPATE.

I, the undersigned, wish for my child _____ (Hereafter "Child") to participate in the Passion with Purpose Athletics Ltd Volleyball Player Development Sessions (hereafter "PPA Volleyball PD") on the dates, times and location as indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I understand that PPA Ltd is operated as an individual enterprise and is not owned, sponsored, or operated by Boulder Valley Schools, Peak to Peak Charter School and that Boulder Valley Schools, Peak to Peak Charter School, and/or PPA Volleyball PD do not provide any accident or health insurance coverage while participating in this camp. I fully understand that it is my/our responsibility to provide insurance coverage for my son/daughter. I am aware that PPA Volleyball PD involves competition and sometimes physical contact with and against other participants and that there are inherent dangers and risk of injury involved with such activities. The dangers, hazards and risks may arise from my Child's own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in PPA Volleyball PD includes travel to and from the sessions. Therefore, I, for myself and on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from PPA Volleyball PD. I acknowledge that specialized experience and skills may be necessary to participate in PPA Volleyball PD and I confirm that my Child possess such experience and skills. I understand that physical exercise is required for these sessions. I acknowledge that my Child is currently not suffering from, nor has he/she previously suffered from, any physical and/or mental disability, which would preclude him/her from participation in PPA Volleyball PD, that would endanger him/her or others or would interfere with his/her ability to safely participate. I acknowledge and agree that it is the responsibility of me and my Child to determine whether my Child is sufficiently fit and healthy to safely participate in PPA Volleyball PD, and I attest and certify that he/she is sufficiently fit and physically trained.

I hereby release Boulder Valley Schools, Peak to Peak Charter School, and the entity known as **Passion with Purpose Ltd (PPA Ltd)** and all of its coaches, employees, volunteers and agents (hereafter "Camp Operation") from any and all liability as to any right of action that may accrue to me, or my Child's, heirs or representatives, for any injury or loss that I or my Child may suffer while training, preparing, participating and/or traveling to or from PPA Volleyball PD. This agreement is binding on the heirs and assigns of me and my Child. To the extent that my Child engages in activities that are not a part of PPA Volleyball PD and from which he may sustain injury or damages, or cause others to be injured or sustain other damage, I understand that PPA Limited, Boulder Valley Schools, Peak to Peak Charter School and Camp Operation will not be held responsible.

I furthermore release, indemnify and hold harmless PPA Limited, Boulder Valley Schools, Peak to Peak Charter School and Camp Operation from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that I or my Child may suffer, for which I or my Child may be liable to any other person, that may or does arise out of my Child's participation in PPA Volleyball PD.

In the event of an accident or serious illness, I hereby authorize representatives of Camp Operation to obtain medical treatment for my Child. I hereby hold harmless and agree to indemnify PPA Limited, Boulder Valley Schools, Peak to Peak Charter School and Camp Operation from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries that may occur to my Child during his/her participation in PPA Basketball PD. This RELEASE shall be governed by and construed under the laws of Colorado. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my participation in any part of PPA Volleyball PD, shall be brought only in Boulder County, Colorado.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample time to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind myself and my Child and the successors, heirs, representatives, administrators, and assigns of myself and my Child.

SIGNATURE IS REQUIRED:

Participant's Name _____ Date _____

Participant's Signature _____

Parent/Legal Guardian's Name _____

Parent/LegalGuardian'sSignature _____ Date: _____