



PRIVATE & SEMI PRIVATE LESSONS WAIVER

Please complete entire form

Name: \_\_\_\_\_

Home Phone#:(\_\_\_\_) \_\_\_\_\_ Player's Cell# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate" \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother'sName: \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Mother's Cell# \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

WAIVER & PROGRAM PARTICIPATION

The undersigned hereby agrees to defend, indemnify, and hold harmless California Heat Volleyball Club Inc. and its coaches and director against any and all losses, liability charges, and expenses(including attorney fees), and costs which may arise by reason of participation in this program. (California Heat Volleyball Club does not provide accident, medical, liability, workers' compensation insurance, or any insurance for program participants.) As a parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises. I understand the California Heat Volleyball Club retains the right to use photos taken during activities for publicity purpose.

Signature (Parent/Guardian) \_\_\_\_\_

Date: \_\_\_\_\_