

**Premium Beach Volleyball Academy LLC, Waiver of Liability**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME (if participant is a minor):**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE NUMBER:** \_\_\_\_\_

I, the undersigned, understand and acknowledge that I, my child (if applicable), and any other participants named below, will be participating in beach volleyball practice sessions organized by Premium Beach Volleyball Academy LLC (hereinafter referred to as "the Academy") at the facilities provided by the State College of Florida (SCF), or St Petersburg city parks, and Tampa Recreational parks.

**PARTICIPANT'S NAME (if more than one participant, please list all names):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

In consideration for being allowed to participate in these practice sessions, I acknowledge and agree as follows:

1. **Assumption of Risk:** I am aware that beach volleyball involves physical activity and that participation in these practice sessions carries inherent risks of accidents, injury, and even death. I am voluntarily participating, and I willingly assume these risks.
2. **Waiver and Release:** I hereby release, waive, discharge, and covenant not to sue Premium Beach Volleyball Academy LLC, its coaches, staff, volunteers, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation or my child's participation in beach volleyball practice sessions.
3. **Responsibility:** I understand that safety is my responsibility. I will abide by all rules and regulations set forth by the Premium Academy, and I will exercise caution and good judgment during all practice sessions.
4. **Medical Treatment:** In case of injury or illness, I authorize the Premium Academy to seek and obtain medical treatment for me or my child (if applicable) as they deem necessary. I understand that any medical expenses incurred will be my responsibility.

I HAVE READ THIS WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

**PARTICIPANT'S SIGNATURE (or PARENT/GUARDIAN if participant is a minor):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS (if applicable):** \_\_\_\_\_

**DATE:** \_\_\_\_\_