



FACILITY WAIVER FORM

6700 Kingspointe Parkway ~ Orlando, FL 32819
Phone ~ 407.351.8433 Fax ~ 407.351.8434

Name: _____ Age: _____

Birthdate: _____ School: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Contact Phone: _____

E-mail Address: _____

Camp/Clinic/Event Attending: _____

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT:

I, the undersigned player, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate in events at the facility, with Game Point Events, and/or the Game Point Volleyball Club.

2. I understand that there are certain risks and hazards involved in participating in volleyball or any other sports or public activity that may result in injury or death to me or other players, including, but no limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.

3. I understand that the very nature of any game or activity is hazardous and risky. Further, I, the undersigned player, agree that in consideration for the right to play as an individual or member of a team, to train, and in consideration for permission to play on the fields arranged for the team or league:

a. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (1) while playing or practicing as a member of the team so designated, (2) while serving in a non-playing capacity as a team member or spectator during play or practice by any teams or by other who may be present in the facility, and (3) while on or upon the premises of any and all of the parking areas, fields, courts, hallways, or any other area in or outside of the facility.

b. I release, discharge and agree not to sue the facility, Game Point Events LLC, Game Point Volleyball Club, Jay Laxmie Enterprises, the court owner(s), or their actors as owners, officers, servants, associations, employees, or any person or entity connected with the team., league, or facility for any claim, damages, with other costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract, or wrongful conduct of the parties hereby released.

NAME OF PARTICIPANT (PRINT): _____ Date: _____

PARENT/GUARDIAN SIGNATURE (If participant is under 18 years old): _____