Heart of America Region - USAV
2007-2008 Tryout Insurance Form

Name				
Please Print	First	MI	Last	Nickname

Address				
	Street Address or Box No.	City	State	Zip

Home Phone		E-Mail Address		Birth Date	
Cell Phone		Year in School	(use K-12)		

Complete or Circle Below As Needed

Tryout Club Name		Tryout Date		
Gender:	Male Female	Fees:	Adult & Junior: $40.00	If Registered on-line: $38

Important Notice:

This form is for the purpose of providing insurance coverage only. By signing this tryout form I/we am/are in no way agreeing to play for the above referenced club. All parties acknowledge that no binding agreement to play for any club is made by virtue of this tryout form. Any subsequent decision on the part of the player or parent to accept an offer from any club to participate during the upcoming season will be binding only, upon execution of an official Heart of America Region Individual Membership form or Letter of Commitment. As long as you have not committed to a club, you are allowed to try out for other clubs.

WAIVER AND RELEASE OF LIABILITY - USA VOLLEYBALL

NOTE: This form must be read and signed before the USA Volleyball member listed above is allowed to take part in any training, competition, practice/warm-up sessions and meeting or testing sessions.

1. I agree to allow USA Volleyball to utilize my photograph or any likeness of me created from my participation in USA Volleyball sanctioned events or programs, without my approval in advance of such use, and without financial or other compensation due to me.
2. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury or property damage. **With a full understanding of the potential risks, *I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.***
3. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) ***I WAIVE, RELEASE, AND DISCHARGE*** from any and all claims or liabilities for death or personal injury or damages of any kind, ***EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW***, which arise out of or relate to my traveling to and from my participation in any volleyball event, ***THE FOLLOWING PERSONS OR ENTITIES***: USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives and agents of any of the above; b) ***I AGREE NOT TO SUE*** any persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) ***I INDEMNIFY AND HOLD HARMLESS*** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

BY SIGNING THIS FORM, I AGREE THAT I WILL BE AFFILIATED WITH THE ABOVE NAMED TEAM, WITHIN REGION POLICY (UNAFFILIATED MEMBERS, OUTDOOR AND MIXED SIX EXCEPTED) FOR THE CURRENT 2007-2008 SANCTIONED SEASON. I ALSO AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Printed Name	Participant's Signature	Date Signed

The undersigned parent and natural guardian or legal guardian of the applicant (_____[minor's name]) executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and release. I have also read and understand the USAV participant Code of Conduct and have reviewed the Code with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in HOA/USAV events.

Printed Name	Parent's/Guardian Signature	Date Signed Rev 8/07