Peterborough Thunder Volleyball Club Waiver

Player's Name: _____

Please read and sign the following Club Waiver and Indemnification

I hereby give my consent for the above mentioned player to play volleyball under the auspices of the Peterborough Thunder Volleyball Club or Peterborough Thunder Volleyball, herein referred to as "Club" and to abide by the Rules of the Club. Such Rules outline Club policy in such areas as movement of players for team balancing, registration refunds and other administrative and playing rules, by-laws and regulations.

I understand refund requests will only be **accepted in writing**, prior to October 31st of the current Volleyball season and processed as allowed under current Club policy.
I am aware of the fact that Volleyball is a rigorous sport, participation in which carries with it a significant risk of personal injury. I hereby accept sole responsibility for the risk of such personal injury, to myself or the underage applicant, if applicable. I will remain responsible for the player to and from all Club activities and I agree that the Club/team/ game officials shall in no event be held liable or accused of negligence or any other charges.

I also acknowledge the fact that the Club consists mostly of volunteers who receive little or no remuneration for their efforts, sacrificing their own time to provide my child with an opportunity to learn and experience the sport of Volleyball. In fairness, by this legal contract, I waive all legal rights to take any action against the Club or its' officials.
I hereby agree to hold harmless the Club, team and game officials from any claim or lawsuit. I hereby agree to demonstrate cooperation with and respect to the Club and its officials, to abide by Club rules and directives and to serve the principles of sportsmanship.

I understand the goals of the Club and would like to make a commitment to the team, the coaches and to the Club. I understand that payment of the Club fees does not guarantee equal playing time for my child during qualification and championship tournaments, however equal time will be managed during practice and exhibition games. I understand that as parents and/or guardians I will not communicate with the coaches to question any of their decisions but instead will contact a Club Director via email if I have issues or concerns.

I understand that the Club has the right to take photographs, videotape, or digital recordings of the above named child at its programs to be used in any and all media. I am aware that by giving consent, I am permitting their name to be posted on the Club website and publications, which can be viewed by anyone who accesses the Club website or publications.

I understand that completion and submission of this application and receipt by the Club will bind the above named child to the Club for the entire current volleyball season.

Player: _____ _____ _____
(please print name) Signature Date

Parent / Guardian: _____ _____ _____
(please print name) Signature Date