



TEXAS IMAGE VOLLEYBALL

Waiver and Medical Release Form

I, (parent or legal guardian) _____ agree that

(individual) _____ may participate in the 2018/2019 Tryouts, Club, Summer Camps, Clinics, Tournaments, Leagues and/or Other Events. In consideration of participation in any of these events, I agree, on behalf of the above named individual, his/her heirs, and representatives to fully and forever release, discharge, indemnify and hold harmless Winning Edge LP, Texas Image LP, and TIV LLC, it agents, servants and employees from any and all claims, demands, damages, rights of action or causes, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in these events. I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED INDIVIDUAL WHILE IN ATTENDANCE OF THESE EVENTS. I ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CLUB PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED INDIVIDUAL.

(State Medical Needs) _____

Also, I understand that all rules and regulations for the Leagues, Camps, Clinics, and/or Other Events will be enforced and any violation by the above individual will result in a call, to the parent or legal guardian, with a possible request to come and pick up the above individual (older players, who drive, may be asked to leave) with no refunds being given.

Signature of Parent or Legal Guardian

Date