



# TEXAS IMAGE VOLLEYBALL

## Waiver and Medical Release Form

I, (parent or legal guardian) \_\_\_\_\_ agree that  
(Individual) \_\_\_\_\_ may participate in the 2019-2020  
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, its 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 OR 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 of 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.

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Signature of Parent or Legal Guardian

Date