



PRE-SEASON SKILLS CLINICS

For all juniors players looking to get ready for tryouts!

<u>Date</u>	<u>Grades</u>	<u>Time</u>	<u>Skill Clinic Topic</u>
November 1st	7 th -12 th	4:30-6pm	Setting/Hitting
November 8th	7 th -12 th	4:30-6pm	Passing & Serving
November 15th	9 th -12 th	4:30-6pm	Blocking, Defense, and Offensive Strategies

Where: National Volleyball Center
2601 Viola Road NE
Rochester, MN

Cost: One clinic = \$10
Two clinics = \$18
All Three clinics \$24

Register for 1, 2 or all 3 clinics on-line at: www.signuptoplay.com
Registration opens in September

PARTICIPANT RELEASE OF LIABILITY

for

Southern Minnesota Volleyball Club
(Read before signing)

Participant Name _____
Print Name

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff immediately and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Rochester Youth Volleyball Association and/or Southern Minnesota Volleyball, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

**FOR PARENTS/GAURDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)