SPARTAN VOLLEYBALL ACADEMY

*July 28-29th *   *9 a.m. - 12 p.m.*   *Grades 4th- 8th*

Cost for attending the academy will be **$40 per athlete** due on the first day of camp. Athletes will receive a t-shirt and two days of training focusing on the fundamentals and skills of the game. Please sign the release of liability waiver below and provide the information requested.
Please email forms to connotmck@gmail.com or mail them to McKenzie Connot, PO Box 1, Spencer, NE 68777. **Deadline is July 17th.** Checks payable to McKenzie Connot.
Contact 402-340-4033 with any questions. I look forward to seeing you in July!

ACCIDENT WAIVER AND RELEASE OF LIABILTY

I hereby assume all of the risks of participating in this volleyball academy, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.
I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this volleyball academy. I acknowledge that COVID-19 is a public health risk, and academy personal cannot guarantee safety or immunity from infection, and that I am electing to participate in this volleyball academy. I further voluntarily assume all risks associated with my participation including the risk of exposure or infection with COVID-19.

In consideration of my application to participate in this volleyball academy, I hereby take action for myself, executers, administrators, heirs, next of kin, successors, and agree to the following:

A) WAIVER, RELEASE, AND DISCHARGE the entities or persons listed herein from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me from this volleyball academy. ENTITIES OR PERSONS: McKenzie Connot and/or her coaches or volunteers.
B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned herein regarding all liabilities or claims made as a result of participation, whether caused by negligence or otherwise. I acknowledge that this volleyball academy may carry the risks for possible death, disability, personal injury, property damage, and property theft. Those risks may include, but are not limited to, facilities, equipment, physical stress, temperature, weather, condition of participant, lack of hydration, actions of other people including but not limited to, participants, volunteers, or coaches.
ENTITIES OR PERSONS: McKenzie Connot and/or her coaches or volunteers.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILTY AND A CONTRACT AND I SIGNED IT ON MY OWN FREE WILL.

PARENT/GUARDIAN WAIVER FOR MINORS (Under the age of 18 years)
The undersigning parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in this volleyball academy, and has agreed individually on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties. The undersigned parent or guardian releases said parties and entities listed herein on behalf of the minor and the parents or other legal guardians.

PARTICIPANT'S NAME: _____ GRADE (2020-21 school yr):_____

PARENT'S CELL:_____ T-SHIRT SIZE (indicate youth size):_____

PARENT/GUARDIAN PRINTED NAME:_____

PARENT/GUARDIAN SIGNATURE:_____