

Rebel Volleyball Camps

Participant Full Legal Name _____ Male Female Age _____

Parent / Guardian Name(s) _____ Parent/Guardian Phone Number _____

Address (including city, state and zip code): _____

Check All Camp(s) Attending:

Hitter Libero Setter Middle Serving Rebellion Rising Rebels Rebel Skills Rebel Team _____
School Name

Release / Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Dawn Sullivan Camps, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Dawn Sullivan Camps does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Dawn Sullivan Camps premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Dawn Sullivan Camps.

Image & Voice Permission

I do hereby grant Dawn Sullivan Camps the right to photograph, videotape, or otherwise digitally collage my child's likeness, voice and sounds. I understand that the video and/or audio recordings taken of my child by Dawn Sullivan Camps shall be used in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/DISCLAIMER/IMAGE/VOICE PERMISSION AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

***Parents or guardians must sign if applicant is UNDER 18.**

Parent / Guardian Signature _____

Date _____

Adult Participant Signature _____

Date _____