

Arizona Primitive Volleyball Club Parent Permission and Medical Release

DATE: _____

PARTICIPANT: _____

PARENT NAME: _____

PHONE: _____

AUTHORIZATION TO PARTICIPATE

I/We the parents/legal guardians of the above named participant of Arizona Primitive Volleyball Club, do hereby give my/our approval to said participant's participation in any and all activities during the training sessions. I/We assume all risks and hazards incidental to such participation and do hereby waive, absolve, indemnify, and agree to hold harmless the Arizona Primitive Volleyball Club, Primitive Sports, and their officers, agents, employees, sponsors, volunteers and participants from any and all liability or damage, which may arise in connection with such participation.

AUTHORIZED SIGNATURE:

DATE: _____

EMERGENCY MEDICAL RELEASE

I/We the parents/legal guardians of the above named participant do hereby give our permission for any emergency treatment deemed necessary to insure the health, well being and safety of said participant. I/We authorize any hospital, physician, and/or paramedic/EMT to perform any medical treatment for injury resulting from any Arizona Primitive Volleyball function. I will assume full financial responsibility for the bills incurred through my insurance company.

AUTHORIZED SIGNATURE:

DATE: _____