

**OHSVCA State All-Star Match  
WAIVER AND RELEASE OF LIABILITY FORM**

Note: This form must be signed before participant is allowed to take part in any training, competition, meeting, or testing sessions. By signing this form, the participant affirms having read it.

Participant's Name (Please Print): \_\_\_\_\_

Sponsoring Organization: The Ohio High School Volleyball Coaches Association

\*In consideration of my involvement under the auspices of this sponsoring organization, I acknowledge and agree that:

1. I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property.
2. I knowingly and freely assume all such risk; and
3. I, for myself, and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Ohio High School Volleyball Coaches Association, their officers, coaches, official agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death, and/or loss or damage to property except that which is the result of gross negligence and/or willful wanton misconduct.

I have read the above WAIVER AND RELEASE OF LIABILITY FORM. In signing this document, I understand that I have given up substantial rights by signing it and sign voluntarily.

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date Signed

FOR ATHLETES OF MINORITY AGE (under 18 at time of signing)

This is to certify that I, as parent/guardian of this participant, do consent to her release of the Ohio High School Volleyball Coaches Association from any and all liabilities incident to her involvement in the Senior All-Star Game and practices. I have read the above WAIVER AND RELEASE OF LIABILITY FORM. In signing this document, I understand that we have given up substantial rights by signing it and sign voluntarily.

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Parent / Guardian Name (Please Print)

\_\_\_\_\_

Relationship