## FVAA BEGINNER VOLLEYBALL CLINIC

**Location: Fuquay Varina Community Center Gym**

**Cost: $20**

**September 8, 2007 1:00 pm - 4:00 pm**

**REGISTRATION DEADLINE: August 31, 2007**

The Beginner Volleyball Clinic will focus on individual skills and basic training techniques to include passing, setting, serving, rules of the game and court positioning, It is a great opportunity for players wanting to learn and/or to develop their game. The camp will be fun, yet challenging and is open to all rising 4th through 8th graders with limited volleyball experience.

**FOR OFFICE USE ONLY**
**2007 Volleyball Day Clinic**

FVAA Membership No. _____

Fee Paid: Check No. _____

Receipt No. _____

CC Authorization Code _____
Batch Number _____

_____
Player's **Last** Name First MI Nickname

_____
Parents Last Name First MI

_____
Street Address City Zip

_____
Player's **Date of Birth** Home Phone Father's Business or cell phone Mother's Business or cell phone

Kneepads are optional, yet recommended. Bring plenty of water and be ready to work hard!

Visa or Mastercard Amt. Charged _____

Credit Card Number _____

Expiration Date Month _____ Year _____

Signature _____

## PARTICIPANT WAIVER

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

**1**. IN CONSIDERATION of being permitted to participate in any Fuquay Varina Athletic Association activity, I and/or my minor child, our personal representatives, assigns, heirs and next of kin:

**2**. ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Fuquay-Varina Athletic Association and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and /or my minor child will immediately discontinue further participation in the Activity.

**3.** FULLY UNDERSTAND that: (a) FUQUAY VARINA ATHLETIC ASSOCIATION ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by me and/or my child's own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or my minor child incur as a result of my participation in the Activity.

**4.** HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;

**5.** HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE FUQUAY-VARINA ATHLETIC ASSOCIATION, their respective member teams and leagues, their administrators, directors, agents, officers, volunteers, team members and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

**6.** I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**By my/our signature, I/we certify that I/we have read points 1 through 6.**

**X**_____ _____
**Witness** **Date**

**X**_____ _____
**Parent (s) / Guardian (s) Signature** **Date**