

WAIVER FORM:

I hereby authorize the staff of KMB, dba Bob Bertucci Volleyball Camps, (hereinafter referred to as “BBVC”) to act for me according to their best judgment in any emergency requiring medical attention. I also authorize the use of participant photos on the camp’s website, flyers and other media or advertising pieces. I, the registrant, willingly agree to comply with and abide by the rules of BBVC, and its affiliated organizations and sponsors including customary terms and conditions as regards protection against infectious diseases. If, however, I observe any unusual or significant hazards during my presence or participation, I will remove myself from participation and bring such attention to the nearest staff member immediately. Recognizing the possibility of physical injury associated with volleyball and/or transportation to and from the same, which transportation I hereby authorize, and in consideration for BBVC accepting the registrant for its volleyball programs and activities, I knowingly and freely assume such risks, both known and unknown, even in the event of unintended/possible negligence by BBVC or others, and assume full responsibility for my participation. Participation includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza and Covid 19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless BBVC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable owners and lessers of premises used to conduct event against any claims by or on behalf of the registrant as a result of the registrant’s participation in the program/event with respect to any and all illness, disability, death, or loss or damage to person or property. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand I have given up substantial rights by signing it, and sign it freely and voluntarily.

CAMP LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAMPER’S SIGNATURE :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if over 18 years old)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if camper under 18 years old)

CONTACT PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GROUP NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES, ETC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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