

# Pick Up Volleyball Waiver Form

To be filled out prior to participating in Media Recreation Pick Up Volleyball

**Full Name**

**Email**

**Address**

I have read the Media Borough waiver and release of liability and assumption of all risks and agree to the terms stated.

(\*Please read waiver below before checking box & signing)

**YES**

**SIGNATURE**

**DATE:**

## **Waiver and Release of Liability and Assumption of All Risks**

By checking the waiver release box, & signing I agree that:

I have voluntarily decided to participate in Volleyball activities hosted by the Recreation Board of the Borough of Medzia.

This form is an important legal document. It explains the risks you are assuming by participating in volleyball play. It is critical that you read and fully understand it. After you have done so and you wish to participate in the activity, please check the box above saying that you have read and agree to the terms.

## **Waiver and Covenant Not to Sue**

I have volunteered to participate in Pick Up Volleyball, organized by the Recreation Board of the Borough of Media. I am voluntarily participating with the knowledge of the numerous risks and dangers involved, including but not limited to: physical exertion for which I may not be prepared, breakdown of equipment, whether rented or owned; accident or illness; the risk of negligence by myself or others, including the Recreation Board or its instructors/contractors and the potential for serious injury, including permanent paralysis or death.

I do here and forever release and discharge and hereby hold harmless, release and discharge forever the Recreation Board of the Borough of Media and the Borough of Media, and their respective officers, officials, agents, contractors, heirs, assigns, consultants and/or employees, sponsoring agencies, sponsors, advertisers, and the owners and the lessors of the premises used to conduct a Recreation Board of the Borough of Media related event from and against any and all claims, liability, demands, damages, rights of action or causes of action, present or future, arising of or connected with my participation in this program including any injuries resulting there from.

This release shall be legally binding upon me personally, all members of my family and all minors accompanying me, my heirs, successors, assigns and legal representatives, it being my intention to fully assume all of the risks associated with my use of the facilities of the Borough of Media and the Recreation Board of the Borough of Media, and to release from any and all liabilities associated with my use of the facilities to the maximum extent permitted by law.

I understand that the Recreation Board of the Borough of Media reserves the right to refuse admittance to any person who refuses to sign this waiver or who it judges to be incapable of meeting the rigors, requirements, and safety requirements for participation in the activities.

## **Assumption of Risk**

I recognize that exercise may be difficult and strenuous, and that there may be risks inherent in exercise for some individuals, and I understand that I should contact my physician or other qualified medical specialist prior to beginning this program to determine whether such physical activity is safe for me to undertake. I acknowledge that certain physical changes during exercise are possible. These changes include musculoskeletal injuries, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instance, death.

If I experience any pain or discomfort during the game, I will immediately inform the staff. I should see a physician or other qualified medical specialist for any mental or physical ailment that I am aware of or that occurs. Because various activities are contraindicated (should not be done) under certain medical conditions, I affirm that I have stated all known medical conditions and understand that there shall be no liability on anyone's part should I forget. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

In the event that medical attention is needed, I authorize the officials of the Recreation Board to use their best discretion to transport me to a medical facility, and I will take responsibility for such actions. I represent that I have read and understand this consent and release and acknowledge that this release is being relied on by the Recreation Board of the Borough of Media and the Borough of Media permitting me to participate in the program.