

Dearing Volleyball School – Commuter Check-In/Check-Out Procedures

***Parents/Guardians – Please complete this form and return or turn in at Check-In / Registration on Sunday, July 11, 2010 or Thur, July 15, 2010**

Name of Camper _____

_____My daughter will be dropped off at camp this week by:

Please list anyone who will be dropping your daughter off:

_____My daughter will be picked up this week by:

Please list the people you wish to have permission to pick up your daughter at dismissal:

_____My daughter has my permission to drive to and from camp.

**_____My daughter has my permission to transport the following campers:
Please list their names:**

_____My daughter has my permission to be transported to and/or from camp by:

Please list camper/s:

Please note any other arrangements I should be aware of.

Parent Signature _____ Date _____

Thank You.

DEARING VOLLEYBALL SCHOOL, INC.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in the programs (collectively the "Program") operated by Dearing Volleyball School, Inc. (the "School") can cause potential death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE PROGRAM.**

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my traveling to and from or my participation in the Program, **THE FOLLOWING PERSONS OR ENTITIES: Dearing Volleyball School, Inc.** and its officers, directors, employees, representatives, and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

I certify that:

1. I have read and completed all sections of this Assumption of Risk and Waiver of Liability;
2. I have read and understand this Assumption of Risk and Waiver of Liability;
3. I (or my parent or legal guardian) am at least eighteen (18) years old;

_____	_____	_____
Participant's printed name (regardless of age)	Participant's signature (regardless of age)	Date signed

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Assumption of Risk and Waiver of Liability, the following, for and on behalf of the minor.

The undersigned parent and natural guardian or legal guardian of the Participant _____ [minor's name] executes the foregoing Assumption of Risk and Waiver of Liability for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Assumption of Risk and Waiver of Liability. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Assumption of Risk and Waiver of Liability for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I have also read and understand this Assumption of Risk and Waiver of Liability and have reviewed the same with my child regarding the stipulated conditions and their ramification. I fully consent to my child's participation in the Program.

_____	_____	_____
Parent/guardian's printed name	Parent/guardian's signature	Date signed