

2010 Mol ten Vol l eybal l Camps' Liabil ity Waiver
Please Print Clearly

I, the undersigned, have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by my son/ daughter/legal ward, _____, while participating in camp/clinic/league activities. I further knowingly and voluntarily waive any and all claims against and forever release the camp/clinic/league, its employees, Molten Volleyball Camps, and Club Fusion, Inc.

My insurance carrier is _____

Policy Number _____

Emergency Contact _____

Phone Number _____

My signature below will allow a coach or designated person to admit my son/daughter/legal ward to a medical facility and/or to the care of a physician, if conditions warrant such action. First notification will be to the emergency contact listed above.

Participant Name: _____

Birth Date: _____ Entering Grade: _____

Night Phone: _____

Day Phone: _____

Address: _____

Email: _____

Check here [] if you would like to be excluded from our email list for future events and activities.

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Printed Name