WAIVER AND RELEASE OF LIABILITY FORM
Atoa Volleyball Camp

I _____(please print name) will be a participant in the ATOA VOLLEYBALL CAMP(s) conducted by Coach Sam Atoa of Utah Valley University. I herby waive all claims for injury or accident of liability of any kind against Utah Valley University and any or all employees, sponsors, coaches or members of the team participating in this camp/clinic. I am aware that there is no insurance of any kind covering participants and that I will be covered by my own family insurance. I am also aware that I am in good physical shape. If I do have any underlying medical problems or recent injuries, I will check in with the Certified Athletic Trainers on duty and notify them of my circumstances prior to any play. All participants must have parent's signature.

_____

Participant Signature Parent/Guardian Consent Signature Date Signed

Name of Insurance Company's _____
Policy #_____
Emergency Phone #_____ Contact Person_____
List medical injuries_____

WAIVER AND RELEASE OF LIABILITY FORM
Atoa Volleyball Camp

I _____(please print name) will be a participant in the ATOA VOLLEYBALL CAMP(s) conducted by Coach Sam Atoa of Utah Valley University. I herby waive all claims for injury or accident of liability of any kind against Utah Valley University and any or all employees, sponsors, coaches or members of the team participating in this camp/clinic. I am aware that there is no insurance of any kind covering participants and that I will be covered by my own family insurance. I am also aware that I am in good physical shape. If I do have any underlying medical problems or recent injuries, I will check in with the Certified Athletic Trainers on duty and notify them of my circumstances prior to any play. All participants must have parent's signature.

_____

Participant Signature Parent/Guardian Consent Signature Date Signed

Name of Insurance Company's _____
Policy #_____
Emergency Phone #_____ Contact Person_____
List medical injuries_____