8457 Western Way Jacksonville, Florida 32256 904.854.2323 thesportsedge.com



## Sports Edge Waiver/Release / Assumption of Risk Agreement

Everyone must sign a waiver in order to participate in ANY programs offered by JJVA and/or SEA

Participation in the Jacksonville Juniors Volleyball Center, herein referred to as the "JJVA" or the "Center" or the "facility", entitles you to participate in all programs offered by JJVA and/or Sports Edge Athletics, herein referred to as "SEA" to include, but is not limited to

<ul><li>≻Lessons (private or group)</li><li>≻Open Gym (Age 18+)</li><li>≻Court Rentals (*Clean up fee</li></ul>	➤Skill Sessions	Camps	➤Video/Recruiting P ➤Club Teams (Girls/Bo		≻T.A.P League (Train And Play)
In consideration of participating at the center, the undersigned legal guardian, the undersigne agree that he/she, understand equipment to be used, and if the such condition(s) and refuse to	, hereafter called participan d, hereafter called parent/gu ds and/or will instruct the ne participant believes anyth	t, (print <b>participant'</b> uardian (print <b>paren</b> t minor participant, th ning is unsafe, he or	s name)	ng he/she s	and parent or shall inspect the facilities and or her coach or supervisor of
The participant and parent/gua serious injury, including perma actions, inactions, or negligence or from any equipment used. F not be reasonably foreseeable	nent disability and death, e but from the actions, inact further, that there may be c	and that severe socions or negligence or	ial and economic loss f others, as well as the	may result rules of play	not only from his or her own the condition of the premises
The participant and parent/gua any damages, whether social participate in activity(ies) at the attention on my behalf, or on to inclusive of any responsibility for	or economic. Represents to e center and hereby authoriental of my child, to ensure	that I, or my child, ar prize any representa e my well-being, or t	n qualified, in good he tive of JJVA and/or S	alth and in EA or medi	proper physical condition to cal provider, to seek medical
The participant and parent/gradministrators, members, direct advertisers, and if applicable, of for whom I am responsible, parthis or her heirs and the next of property, caused or alleged to	ctors, agents, coaches, and owners and lessors/lessees icipate (all of which are here kin, for any and all claims, o	d other employees or of the premises used einafter referred to as demands, losses or	f the center, other part I to conduct the event o s "releases"), from any a damages on account o	icipants, sp r activity in v and all liabil	onsoring agencies, sponsors, which I, or the minor participant ity to each of the undersigned,
I authorize JJVA and/or SEA t center.	o utilize in any promotiona	l materials any imaç	ge of me/my minor chil	d, while pa	rticipating in any activity at the
Sports Edge Training Cent I will keep my non-participat time; I will not allow them to reduce I will not bring gum or candy into directors and staff members of am participating in a scheduled I will NOT participate in any gamembership card with the Florithat all players are amateur at the facility, generate goodwill exemplary behavior while at the carry any firearms into the facility.	ing children by my side in un inside the facility or on the gym area of the facility the center and obey all of the activity; I will NOT coach name, game-like activities (ieda Region and am asked to note and will acknowledge by being polite and respect facility, and immediately note that is the facility of the facili	n the spectator are the bleachers, nor (lobby only - drinks heir lawful requests; hy child from the bleacher; shag balls, stand assist by a member the effort and good pectful to those around otify the Administrator	allow them on the cou are allowed if covered. I will remain in the spe achers/or sidelines, no with coach) nor be on a of JJVA full-time staff (r rformance and display d me, support the poli- ors in the event that I with	irts or to pl j; I will respectator area r interact with a court A- not seasona good sport cies and guness any ill	ay with the balls/equipment; ect the authority of all coaches, and off the court area unless I hile the coach is with her/him; Γ ALL; unless I have a current I coaches) and I will remember tesmanship at all times while at uidelines of the facility, model egal activity, NOT bring and/or
By signing below, I agree to a Volleyball and failure to comp I HAVE READ THE ABOVE A AND I/WE NEVERTHELESS I	ly can result in my remov GREEMENT AND UNDER	al from the facility	and suspension and	or cancella	ation of my membership.
Signature of Adult/Minor Partic	cipant $oldsymbol{\mathcal{X}}_{\_\_\_\_}$				Date
Signature of Parent/Guardian	n the case of 18-year	r olds signing their contrac	ts we will require the parent	s to act as co si	Date gner of all registration paperwork.
Full Address:					
Participant Email (only if age 13-					(Cell)
. Sittopant Lines (only if age 13	/	1 1101			

Phone No.(home)\_

(Cell)

Parent/Guardian Email\_