



San Antonio Tribe Volleyball Club

Liability Waiver & Release Form



Player's full name _____

Date of Birth _____ Age _____ Grade _____

Player's address _____ City _____ Zip _____

Parent or Guardian Information

Name _____

Cell number _____ Email _____

Name _____

Cell number _____ Email _____

Release of Liability

In consideration of my minor child/ward being allowed to participate in any volleyball tryouts, practices, open gym sessions, or related events and activities, I, the undersigned, acknowledge, appreciate, and agree to the following:

1. The risk of serious injury from participation in volleyball activities is always present due to the nature of the sport.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and accept full responsibility for my child's participation.
3. I agree to comply with the stated and customary terms and conditions of San Antonio Tribe Volleyball Club (SATVB) for my child's participation. If I observe any unusual or significant concerns in my child's readiness for participation, I will immediately remove my child and notify a coach or staff member.
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless SATVB, its directors, coaches, staff, volunteers, sponsors, and facility owners from any and all claims of injury, disability, death, or loss/damage to person or property related to my child's participation—whether resulting from the negligence of the releasees or otherwise—except in cases of willful misconduct, and to the fullest extent permitted by law.
5. I understand and acknowledge that this Release of Liability must be completed, signed, and submitted in person by the parent or legal guardian—not by the athlete—before the participant will be allowed to engage in any tryouts, practices, games, or club-related activities.
6. By signing below, the player (and parent/guardian, if applicable) confirms their commitment to the San Antonio Tribe Boys or Girls volleyball team and agrees to the terms outlined above.

The San Antonio Tribe reserves the right to utilize images of our athletes in promotional material, including flyers, website content, and any other marketing or media assets, in any capacity deemed appropriate. By participating in Tribe-affiliated events and activities, athletes grant permission for their likeness to be used for promotional and branding purposes.

I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND ASSUME ALL RISKS. I ACKNOWLEDGE THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This waiver is effective from June 1, 2025, through May 31, 2026.

Parent/Guardian Name (Printed): _____

Signature: _____ | Date: _____

FOR OFFICE USE ONLY

Assigned Tryout Number _____ | ROL Collect Date: _____ | Collected by Initials: _____

Payment Amount _____ Payment Type: Cash Card Check: # _____