College of William and Mary Recreational Sports - ***Women's Volleyball*** **Club**

APPENDIX W - AGREEMENT TO PARTICIPATE AND WAIVER FORM

This form must be completed in its entirety prior to participation. Parents / Guardians of Minors: please fax form to 757-221-1919

AGREEMENT TO PARTICIPATE: Participants in the Sport Club program at the College of William and Mary should be aware of the possible risks inherent in the nature of some of the activities available to you. The Recreational Sports Department strongly recommends that each club member have an **annual physical examination and have personal health and accident insurance**. The Recreational Sports Department at The College of William and Mary does not provide insurance for participants of its programs.

It is possible for individuals participating in the Women's Volleyball club to suffer common injuries including, but not limited to:

- Rolled or sprained ankles
- Bruises and floor burn
- Knee problems
- Shoulder injuries
- Jammed fingers
- Wrist injuries

More serious, but less frequent injuries such as broken bones, concussions, heart attacks, strokes, paralysis, and death may also occur. These injuries, and others, may result from such incidents as, but not limited to:

- Rapid change in direction
- Colliding with another player, the ground, or net
- Improper footwear
- Diving for a ball and sliding on the floor
- Getting hit by a volleyball
- Travel to Club events and activities

As a member of the Women's Volleyball club, a student organization recognized by the Recreational Sports Department and the College of William and Mary, I affirm that I am aware of my physical condition, that I am **voluntarily** participating as a member of the Women's Volleyball club, that **I am aware that such participation may result in possible injury, sickness or death as a result of the nature of this sport, and that I am assuming any risk that may be involved in this sport from my participation**.

_____	_____	_____
Signature of Participant	Date	Name of Participant (Please Print)
_____	_____	_____
Signature of Legal Guardian (if under 18 years of age)	Date	Name of Legal Guardian (Please Print)

WAIVER OF LIABILITY AND CLAIMS: In consideration of being allowed to participate in this activity, I **hereby forever release** the College of William and Mary (including its students), its Board of Visitors and the Commonwealth of Virginia, and their respective employees and agents from any and all claims, liabilities, demands and responsibility relating to injuries, death or damages to myself or my property which arise from, or are caused by, the use of facilities, equipment, or from my participation in the activities of the Women's Volleyball club, including claims, losses or demands caused or alleged to be caused in whole or in part by the negligence of the College or any of the above entities, except to the extent that such injury, death or damages is caused solely by any of their gross negligence or willful misconduct.

I understand and agree that the College and its agents/employees makes no express or implied representation to me regarding the adequacy or safety of any activity undertaken or provided by the Women's Volleyball club. I understand that before signing this document below I have the right to discuss it with any person of my choice, including my parents, legal guardians, or attorney.

_____	_____	_____
Signature of Participant	Date	Name of Participant (Please Print)
_____	_____	_____
Signature of Legal Guardian (if under 18 years of age)	Date	Name of Legal Guardian (Please Print)

YOU MUST <u>READ</u> AND <u>SIGN</u> BOTH THE "AGREEMENT TO PARTICIPATE" AND "WAIVER"!

A. ***Participant Information*** First Aid Expiration (if applicable):_____ CPR Expiration (if applicable): _____

Local Address _____ Email _____ Phone # _____

Date of Birth _____/_____/_____ W&M Graduation Month & Year_____ Student ID # _____

B. Emergency Contact- Provide the name of a parent or legal guardian we may contact in the case of an emergency.

Name(s):_____ Relationship:_____

Address:_____ City:_____ State_____ Zip_____

Phone (Daytime) (_____) _____ Phone (Evening) (_____) _____