



NorCal Liability Waiver

Please complete the following information

Players' Name	
Parents' Name(s)	
Street Address	
City, St, Zip	
Home Phone	
Parent's Cell Phone(s)	
Parent's Email	
Emergency Contact/Phone	

Waiver of Liability

I/we hereby agree to indemnify and hold harmless NorCal Volleyball Club, its officers and employees, and any organization co-sponsoring the program, from and against any and all liability for an injury which my daughter may suffer, arising out of or in any way connected with their participation in the program. In case of emergency, arising during or in connection with any activity of the volleyball club I/we authorize any person in charge of the activity to consent to medical and/or dental treatment for my daughter at my expense. Any disputes arising between NorCal Volleyball Club and participants will be settled by independent arbitration.

X _____

Date: _____