



Platinum Volleyball Solutions Athlete Waiver

Name of Participant _____

Street Address _____

City, State, Zip _____

Contact Phone _____

Contact E-mail _____

School/Club _____

Emergency Contact Name _____

Phone Number _____

The undersigned acknowledges, appreciates and agrees that:

- A. The risk of serious injury does exist.
- B. I knowingly and freely assume such risks.
- C. I willingly agree to comply with the stated and customary terms and conditions for participation.
- D. I am a willing participant at the Platinum Volleyball Solutions Programs and release and hold harmless Platinum Volleyball Solutions, coaches, and staff.
- E. I certify that I am in good health and able to participate in the program's activities.

Signature of Athlete: _____

Signature of Parent/Guardian: _____

Date: _____

"The difference in a good sports player and a great sports player is: a good sports player practices something until she does it right, but a great sports player practices something until she rarely does it wrong." -Anonymous