



Player Participation Waiver

Players Name (Print) _____ Age: _____ DOB: _____

Phone Number: _____ Email Address: _____

Parent/Guardian's Name: _____

Phone Number: _____ Email Address: _____

T-shirt size _____ (circle: Youth or Adult)

RISK: I acknowledge that this participation agreement is with Enhanced Athletic Performances, Mecklenburg County Park & Recreation Department and Moore's Sanctuary A>M>E> Zion Church and their employees and volunteers. I fully understand that participation includes the use of balls, athletic courts, training equipment and a variety of other equipment that involve a wide range of physical activity to include but not limited to jumping, running, sliding, and making aggressive moves on and off the volleyball court for the participant. I further understand the risk of injury from other participants and various matting and obstacles in/outside the area of play. If you or child/ward is injured, you or your child/ward may require medical assistance, at your own expense I expressly agree and promise to accept all risk existing in this activity. My participation or my child/ward's participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

_____ Date: _____

Signature of Parent or Legal Guardian