



nevillizms
VOLLEYBALL COACHING

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Accompanying Document

All signatures are required for participation in activities with Nevillizms.

Player Name: _____ Parent Name: _____

Liability Waiver Agreement

I understand that participation in sports, despite all reasonable precautions implemented, carries a risk of serious injury or death. I accept the risks inherent in volleyball and its environment. Since I may be signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses and claims incurred as a result of participation in Volleyball Personal Coaching with Nevillizms, Inc. I also agree to release, hold harmless and indemnify Bill Neville, Nevillizms, Inc., their officers, agents, employees and insurers, from any claims brought by the minor for any injury or damage resulting from any cause, including negligence, which arise out of participation in these programs. This release is binding as to any other persons, including family members, heirs, and executors and administrators. This release does not apply to gross negligence or intentional acts.

Signature (Parent if under 18)

Date

Code of Conduct:

Each Participant is expected to:
Attend all scheduled instructional sessions, be responsible for her own belongings, follow all rules which preclude the possession of drugs, alcohol or tobacco products. Be attentive and responsive to supervisory instruction provided to ensure you have a safe and fun experience.
I hereby acknowledge that I will observe all rules as listed and told to me and accept that in case of non-compliance, I will be subject to immediate dismissal. I further recognize that my parent(s)/guardian or myself will be held financially and legally responsible for any damage caused by me to Camp and/or properties or facilities.

Player Signature

Date

Certification of Health

I certify to the best of my knowledge that my child is physically fit to engage in Volleyball Personal Coaching and that I have no knowledge of any impairment that would limit or preclude her involvement in any activities commonly associated with this type of instructional activity.
I also authorize Bill Neville and Nevillizms, Inc. to act for my child according to their best judgment should she become ill or sustain an injury, thereby requiring them to seek medical treatment.
I will assume financial responsibility for the bills incurred through my insurance company.

Parent or Guardian

Date

I **do not** authorize medical care for my son or daughter.

Parent or Guardian

Date