

Signature

Eich's Sports Complex Waiver

Participant(s) Name:		
Address:		
Best Contact Phone: ()		
Emergency Phone Number (Please include of	lescription of # ie. Friend, Relative, Nei	ghbor):
Release of Liability Waiver Please read this form carefully and be a will be expressly assuming the risk and damages or loss which you might sustain and associated with this program/activity	legal liability and waiving and releasin as a result of participating in any a	sing all claims for injuries,
I recognize and acknowledge that there program/activity and I voluntarily agree regardless of severity, that I may sustain all claims I may have (or accrue to me) Sports Complex owners and Eich's Vol contractors and employees (hereinafter	e to assume the full risk of any and al n as a result of said participation. I fu as a result of participating in this pro lleyball Club (EVC), including its of	Il injuries, damages or loss or the agree to waive and relinquish ogram/activity against Eich's ficials, agents, volunteers,
I do hereby fully release and discharge sustained by anyone arising out of, com		
I understand the nature of this program warning of risk, assumption of risk and		the above important information,
Covid-19 Disclaimer and Release		
An inherent risk of exposure to COVID an extremely contagious disease that ca voluntarily assume all risks related to exposure to COVID and extremely contagious disease that can be supported by the contagion of	n lead to severe illness and death. B	
Permission To Photograph and Videotap By signing this waiver, I understand that m program, event, or facility. I give permission promote Eich's Sports through press release photographs and videotapes will remain the	by child/ward or I may be photographed on for photographs and videotapes of my les, brochures, the web site, and other properties.	or videotaped at any Eich's Sports y child/ward or me to be used to
Participant's Signature Required (A p	oarent/guardian must sign if partic	ipant is under age 18):

Date

Print Name