



USA Volleyball

2008 VOLUNTEER CONSENT FORM

Your participation as a volunteer working for the Volleyball Club is greatly appreciated. Without your support it would be very difficult for the club to provide a quality volleyball program. As a volunteer you may be asked to assist in a variety of activities including transporting players; conducting fund raisers; being a team parent or representative; working concessions at tournaments; etc. The purpose of this document is to advise you that the activities you may be involved with could result in bodily injury to yourself or others. The Club has taken every reasonable precaution to provide a safe environment for you and other members of the Club.

Once the Club registers with USA Volleyball through our local Region, the Club is covered by a "master" insurance policy provided by USA Volleyball for all approved or sanctioned USA Volleyball activities that the Club participates in. As a volunteer for our Club, you would only be afforded liability insurance protection under this policy if: (a) you choose to join USA Volleyball along with the rest of the Club AND (b) as long as those activities are being conducted at the direction or request of the Club in conjunction with USAV approved or sanctioned activities. The insurance policy provides \$2,000,000 limits of liability protection. Contact the Club President if you are interested in becoming a member of USA Volleyball.

The Club does not provide workers' compensation or medical coverage insurance coverage to volunteers. In addition, the Club does not provide any auto liability insurance protection to you in the event you are asked to use your automobile for the benefit of the Club. Medical insurance and auto liability insurance would be the responsibility of the volunteer.

I have read this document, understand its purpose, and consent to be a volunteer.

Signature of Volunteer

Date

Printed Name of Volunteer

If required, I will volunteer to transport players or club members to approved or sanctioned events. I fully understand that I am responsible for maintaining insurance on my automobile and for obeying all traffic laws. As a volunteer driver, I agree to the following:

1. I have a valid state drivers license.
2. I maintain at least \$300,000 of auto liability insurance on my automobile.
3. My automobile is in good working condition and has the appropriate number of seatbelts for the passengers transported.

Signature of Volunteer

Date



**USA VOLLEYBALL
WAIVER AND RELEASE FROM LIABILITY
(VOLUNTEERS 18 YEARS AND OLDER)**



I acknowledge that my volunteering to assist USA Volleyball in scouting, coaching or providing administrative services (the "Activity") may require me to perform physical exercise or other physical activities that have the potential for bodily injury, death, or property loss. With an understanding of the activities I have volunteered for, I HEREBY ASSUME ALL THE RISKS RELATED TO MY PARTICIPATION AS A USA VOLLEYBALL VOLUNTEER.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in the Activity, THE FOLLOWING PERSONS OR ENTITIES: USA Volleyball, USA Volleyball Association and its Regional Volleyball Associations; National Team Coaches and Players; Official Sponsors; Volunteers and officers, directors, employees, representatives and agents of any of the above; b) I AGREE NOT TO SUE any of the persons mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims make or liabilities assessed against them as a result of my actions.

_____ **I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER,
(INT) I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.**

Printed Name: _____

Signature: _____ Date: _____

MEDICAL AUTHORIZATION

In the event that I am incapacitated and cannot grant permission, I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat or relieve any injuries received arising out of or relating to my participation as a USA Volleyball volunteer. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself.

Name: _____ Emergency Phone #: _____

Medication Allergies: _____ Blood Type: _____

Physician Name: _____ Phone #: _____

Preferred Hospital: _____ Group Medical #: _____

Signature: _____ Date: _____