



## 2022-2023 WAIVER OF LIABILITY

### PERSONAL INFORMATION

<b>Player First &amp; Last Name:</b>	
<b>Date of Birth:</b>	
<b>Street Address:</b>	
<b>City/State/Zip Code:</b>	
<b>Phone #/Email:</b>	

### EMERGENCY CONTACT

<b>First &amp; Last Name:</b>	
<b>Phone #/Email:</b>	
<b>Relationship to player:</b>	

### LIABILITY WAIVER

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Peter Kim DBA Aloha Volleyball Club.

Having such knowledge, I hereby release Peter Kim DBA Aloha Volleyball Club, and Los Altos High School/Mountain View/Los Altos School District their representatives, agents, employees and successors from liability for accidental injury or illness which I may incur as a result of participating in the mentioned physical activity. I hereby assume all the risks connected therewith and consent to participate in the mentioned program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in the mentioned fitness program.

<b>Player Signature:</b>		<b>Date:</b>	
<b>Parent/Guardian Signature:</b> (if player is under 18 yrs.)		<b>Date:</b>	