

Saskatchewan Amateur Volleyball Association
Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home
Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____, grant permission for my child,

(Child's Name) _____, to participate in the Saskatchewan Amateur Volleyball Association (SAVA) volleyball league.

This activity will take place under NO direct supervision by any of the members of the SAVA executive, league members, or any other persons. All risk is assumed by the parent/guardian, and it is their responsibility to ensure their child carries proper medical coverage.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend SAVA, its officers, directors, or representatives associated with SAVA, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child participating in the SAVA volleyball league or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate SAVA, its officers, directors, coaches, chaperons or representatives associated with PRVA or the event for attorney's fees and expenses arising therewith.

Signature: _____

Witness: _____

Date: _____

Please submit the signed form to the SAVA executive by attaching to an email and sending to info@savavball.ca.