



**North Texas Region Volleyball Association**  
**WAIVER AND RELEASE FROM LIABILITY**

I acknowledge that my participation with USA Volleyball (USAV) and/or North Texas Region Volleyball Association (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 activity (officiating) I have agreed to provide my services for, I HEREBY ASSUME ALL THE RISKS RELATED TO MY PARTICIPATION WITH USAV/RVA.

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 related to my participation in the Activity, the following persons or entities: *USA Volleyball and North Texas Regional Volleyball Associations; National Team Coaches and Players; Official Sponsors; Tournament Directors, 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 made or liabilities assessed against them as a result of my participation.

I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

North Texas Region representative:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_