



USA Volleyball.

TEMPORARY RELEASE PERMISSION FORM

My son/daughter, _____, has my permission to temporarily leave
[Print Full Name]

the _____ to attend _____ in/at
[Program Name] [Describe Activity]

_____ from _____ through _____. In
[Location of Activity] [Time and Date] [Time and Date]

consideration of his/her participation in the activity described below, I hereby agree to assume all risk of any kind of injury or damage he/she receive or sustain as a result of his/her participation, including property damage, personal injury or death. Accordingly by signing below, I hereby completely release and hold harmless and forever discharge USA Volleyball and each and every officer, agent, representative and employee of, from liability or responsibility for any and all claims, damages, injuries, losses or cause of action that may result from or arise out of

_____ participation in the described activities. I also understand
[Print Full Name]

and agree that this release shall be binding as against my heirs and assignees.

Name of Parent or Legal Guardian:

Signature of Parent of Legal Guardian:

Date

I approve that _____ will be under the obligation of their parent(s) and will not be under our care during the aforementioned times. By signing I am approving his/her release for this activity.

Name of USA Volleyball Representative

Signature of USA Volleyball Representative

Date