

**NON-PARENT/GUARDIAN
RELEASE PERMISSION FORM**



My son/daughter, _____, has my permission to leave the

[Print Full Athlete's Name]

_____ with _____

[Program Name]

[Name of Person and Relationship to your son or daughter]

on _____. I hereby agree to assume all risk of any kind of injury or damage

[Time and Date]

he/she receive or sustain as a result of his/her departure with a person other than his/her parent/guardian, 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 leaving the USAV High Performance program with someone other than a parent or guardian. I also understand 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 _____ is leaving the USAV High Performance program he/she attended with someone other than their parent or guardian. By signing I am approving his/her release.

Name of USA Volleyball Representative

Signature of USA Volleyball Representative

Date