

**BAC TRAVELING (THUNDER) VOLLEYBALL TRYOUT WAIVER AND
CONSENT FORM**

Participant: _____

As the parent or legal guardian of the participant (child) named above, I hereby give my full consent and approval for my child (participant) to take part in this BAC Traveling Volleyball tryout.

I understand that there are certain risks of injury inherent in the practice and play of volleyball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless The Burnsville Athletic Club, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Please list any known physical limitations, injuries or related issues:

Parent/Guardian Signature: _____

Date Signed: _____