

**SAINT JOSEPH VOLLEYBALL CAMP  
RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY**

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Guardian)

of \_\_\_\_\_, a student who will be in in Grade \_\_\_\_\_ next year.

I hereby request permission for the above-named child to participate in the Saint Joseph Volleyball Camp (SJVC) and I consent to the child's participation in this event. I fully understand what is involved in the camp and I understand that I have the opportunity to call the Director and ask him/her about the camp.

My child agrees to abide by all the rules of aforementioned activity and to obey the staff in charge of this activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the SJVC at my expense and without refund to me of the costs paid for the SJVC.

I understand that all activities have certain risks, including without limitation potential exposure to COVID-19 and/or other communicable disease, and could result in injury to the above-named child and, by extension, family members. In consideration of the child being allowed to participate in the SJVC, on behalf of my child and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury which may be sustained by the child in connection with the above camp. To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the School, Parish, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my child's participation in the SJVC, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the School, Parish, or the Diocese of Cleveland.

**By signing below, I acknowledge that I am the parent or legal guardian of the above-named minor child, that I have authority to sign this agreement on my minor child's behalf, and I have read, understand, and agree to the terms and conditions stated above.**

**Parent signature:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_  
[PLEASE PRINT]

**Date:** \_\_\_\_\_