



RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE

For, and in consideration of Wintergarden Volleyball Academy permitting my minor child to enter upon the playing and indoor court areas of Wintergarden Volleyball Academy, including but not limited to any of the campuses of San Felipe Del Rio Consolidated Independent School District (SFDRICSD) or the City of Del Rio, and being permitted to participate in any activity of any nature conducted thereon, **I HEREBY WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION I MAY HAVE INDIVIDUALLY OR ON ACCOUNT OF INJURY OR ILLNESS TO MY MINOR CHILD, OR ON ACCOUNT OF PROPERTY DAMAGE OR DEATH RESULTING FROM PERSONAL INJURY OR ILLNESS SUFFERED BY MY CHILD, CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF WINTERGARDEN VOLLEYBALL ACADEMY, SFDRICSD, AND THE CITY OF DEL RIO, THEIR EMPLOYEES, AGENTS, SERVANTS, OFFICERS, DIRECTORS, VOLUNTEERS, MEMBERS, OR OTHER PARTICIPANTS IN THE ACTIVITY IN WHICH MY CHILD PARTICIPATES.**

I FURTHER AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY RISK OF PERSONAL INJURY OR ILLNESS, PROPERTY DAMAGE OR DEATH DUE TO ANY NEGLIGENCE OF WINTERGARDEN VOLLEYBALL ACADEMY, SFDRICSD, AND THE CITY OF DEL RIO, THEIR EMPLOYEES, AGENTS, SERVANTS, OFFICERS, DIRECTORS, VOLUNTEERS, MEMBERS, OR OTHER PARTICIPANTS IN THE ACTIVITY IN WHICH MY MINOR CHILD PARTICIPATES, WHILE MY MINOR CHILD IS ENGAGED IN SUCH ACTIVITIES UPON SAID PREMISES AND COVENANT NOT TO SUE WINTERGARDEN VOLLEYBALL ACADEMY, SFDRICSD, AND THE CITY OF DEL RIO, THEIR EMPLOYEES, AGENTS, SERVANTS, OFFICERS, DIRECTORS, VOLUNTEERS OR MEMBERS, FOR OR ON ACCOUNT OF PERSONAL INJURIES OR ILLNESS, PROPERTY DAMAGE OR DEATH RESULTING FROM PERSONAL INJURY OR ILLNESS IN CONSIDERATION OF THE PRIVILEGE OF MY MINOR CHILD ENTERING UPON SAID PREMISES AND PARTICIPATE IN SUCH ACTIVITIES.

I agree, further, that my minor child will conduct herself/himself at all times in accordance with the policies, rules and regulations of Wintergarden Volleyball Academy, SFDRICSD, and the City of Del Rio, and acknowledge that the privilege of being upon said premises and/or participation in such activities may be revoked if said policies, rules or regulations are not honored at all times.

IT IS MY EXPRESS AND SPECIFIC DESIRE TO ALLOW MY MINOR CHILD TO PARTICIPATE IN AND COMPETE IN THE ACTIVITY OF VOLLEYBALL AND I HAVE VOLUNTARILY AGREED TO SIGN THE WITHIN RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE AND HAVE AGREED NOT TO HOLD OTHERS LIABLE FOR ANY INJURIES OR ILLNESS MY MINOR CHILD MIGHT SUSTAIN.

IT IS MY CLEAR AND SPECIFIC INTENT BY EXECUTING THE WITHIN RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE TO RELEASE WINTERGARDEN



Wintergarden Volleyball Academy



VOLLEYBALL ACADEMY, SFDRICSD, AND THE CITY OF DEL RIO, THEIR EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, VOLUNTEERS AND MEMBERS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OR ILLNESS TO MY MINOR CHILD CAUSED BY ANY NEGLIGENCE OF WINTERGARDEN VOLLEYBALL ACADEMY, SFDRICSD, AND THE CITY OF DEL RIO, THEIR EMPLOYEES, AGENTS, SERVANTS, OFFICERS, DIRECTORS, VOLUNTEERS OR MEMBERS.