MINNESOTA WARRIORS

2027 SEASON | PARTICIPATION WAIVER & CONSENT

Assumption of Risk, Release of Liability & Emergency Medical Authorization

PARTICIPANT INFORMATION

Player name: _____

Date of birth: _____ Team / age group: _____

Parent/guardian name: _____

Phone: _____ Email: _____

1. PERMISSION TO PARTICIPATE

I am the participant named above or, if the participant is under 18, their parent or legal guardian with authority to provide consent.

I voluntarily agree to participate, or give permission for my child to participate, in Minnesota Warriors Volleyball tryouts, practices, conditioning, instruction, matches, tournaments, and related volleyball activities during the 2026-2027 season. These activities may take place at the Warrior Center or other practice and competition locations.

2. ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I understand that volleyball and related physical activities involve risks. These include falls; collisions with players, balls, equipment, walls, or playing surfaces; jumping and landing injuries; muscle and joint injuries; broken bones; concussions; and exposure to communicable illnesses. Injuries may be serious and may result in permanent disability, paralysis, or death.

Rules, supervision, equipment, and reasonable precautions can reduce risks but cannot eliminate them.

I understand these risks and voluntarily accept the risks inherent in participation.

3. RELEASE OF LIABILITY - INCLUDING ORDINARY NEGLIGENCE

For purposes of this agreement, 'Released Parties' means Minnesota Warriors Volleyball, also known as Minnesota Warriors; its directors, officers, coaches, employees, and volunteers; and the owners and operators of facilities used for its volleyball activities, including the Warrior Center.

To the fullest extent permitted by Minnesota law, I release the Released Parties from claims for injury, illness, death, or property damage arising from participation in the activities described above, including claims caused by the ordinary negligence of a Released Party.

If signing for a minor, I provide this release on the participant's behalf only to the extent legally permitted. I also release my own claims arising from the participant's involvement to the extent legally permitted.

This agreement does not release claims arising from conduct greater than ordinary negligence, including gross negligence, reckless conduct, or intentional misconduct. It does not waive any claim or right that cannot legally be waived.

4. SAFETY AND HEALTH RESPONSIBILITIES

The participant agrees to follow safety instructions, use equipment appropriately, and promptly report injuries, symptoms, or unsafe conditions.

I will inform the club of medical restrictions, allergies, medication needs, or other information reasonably necessary for safe participation or emergency care. I will update this information when it changes and discuss needed participation accommodations with club leadership.

The participant must stop participating and notify a coach if injured, unwell, or concerned that continued participation is unsafe.

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5. EMERGENCY MEDICAL AUTHORIZATION

If the participant is a minor, I authorize club personnel to provide first aid within their training, contact emergency services, and arrange emergency medical evaluation or transportation when reasonably necessary.

Club personnel should attempt to contact me or the listed emergency contact when circumstances permit. Emergency assistance should not be delayed when immediate action is reasonably necessary.

If I cannot be reached, I authorize licensed medical professionals to provide emergency care to my child as permitted by law. Relevant medical information may be shared with emergency responders and treating providers.

I understand that medical and transportation charges may be my responsibility, subject to available insurance and applicable law. This form does not promise insurance coverage or payment by the club.

EMERGENCY AND MEDICAL INFORMATION

Emergency contact other than signing parent/guardian:

Name: _____ Relationship: _____

Phone: _____

Allergies: _____

Medical restrictions or information needed for emergency care:

_____

_____

Medications relevant to emergency care: _____

_____

Health insurer, if any: _____

6. ACKNOWLEDGMENT AND SIGNATURES

I have read this agreement, understand that it includes a release of certain legal claims, and have had an opportunity to ask questions before signing. I sign voluntarily.

If signing as a parent or guardian, I confirm that I have legal authority to consent for the participant named above.

Adult participant OR parent/legal guardian printed name:

_____

Signature: _____ Date: _____

Relationship to participant, if applicable: _____

MINOR PLAYER ACKNOWLEDGMENT

I understand that volleyball involves risks. I agree to follow safety instructions and tell a coach if I am hurt or feel unsafe.

Player signature: _____ Date: _____