A logo of a volleyball team

Description automatically generated

(Must be completed to participating in the summer league)

**Houston Outlaws Volleyball**

**6535 Dumfries Dr**

**Houston, TX 77096**

**Tel: 832-725-5904** [houstonoutlawsvolleyball@gmail.com](mailto:houstonoutlawsvolleyball@gmail.com)

Are you joining with a team? YES / NO If yes, what team?

**Shirt Size: YL YXL S M L XL XXL**

Player Information

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (FALL 2025): School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Experience yes or no

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*If you cancel after the deadline but prior to the league start date you will only be refunded 50%.** No refunds will be given after the start of the league. In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my participation.

3. I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Houston Outlaws Volleyball / Houston Outlaws Volleyball officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lesser or premises used to conduct the event (Releases), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement; I certify that I have read this document, and I fully understand and its content. I am aware that this is a release of liability, and I sign it of my own free will.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature Age Date

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Parent Name**) HEREBY ASSUME ALL OF THE RISKS OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Participant Name**) PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS FACILITY/EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I acknowledge that this Accident Waiver and Release of Liability Form will be used by Houston Outlaws Volleyball Club (HOVC) and that it will govern my actions and responsibilities at said activity. In consideration of permitting the above-mentioned participant to participate in this activity/event, I hereby take action on behalf of the mentioned participant and assign as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur. THE FOLLOWING ENTITIES OR PERSONS: The Houston Outlaws Volleyball Club (HOVC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers; (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any liabilities or claims made as a result of the participation in this activity/event, whether caused by the negligence of release or otherwise. I acknowledge that (HOVC) and its directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present in volunteers and spectators. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Acknowledgment of Understanding: I, the PARTICIPANT/PARENT/AUTHORIZED REP, have read this Agreement and understand that I am giving up substantial rights, including the right of both the participant and the parent or guardian to sue for damages in the event of death, injury, or loss. I, the PARTICIPANT/PARENT/AUTHORIZED REP, acknowledge that I am voluntarily signing this agreement, and intend my signature to be a complete release of all liability, including that due to inherent risks or the ordinary negligence by the Protected Parties, to the greatest extent allowed by law of the State of Texas. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date Emergency Phone Number

**Account Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amounts Paid** | **Date Paid** | **Method of Payment** | **Balance** | **Comments** |
| Total Due |  |  |  |  |  |
| Down Payment |  |  |  |  |  |
| 1st Payment |  |  |  |  |  |
| 2nd Payment |  |  |  |  |  |
| 3rd Payment |  |  |  |  |  |
| 4th Payment |  |  |  |  |  |
| 5th Payment |  |  |  |  |  |
| 6th Payment |  |  |  |  |  |
| 7th Payment |  |  |  |  |  |
| 8th Payment |  |  |  |  |  |
| 9th Payment |  |  |  |  |  |
| 10th Payment |  |  |  |  |  |

**Emergency contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**