



# VINCENNES UNIVERSITY VOLLEYBALL TRYOUTS INDIVIDUAL WAIVER OF LIABILITY

I do hereby present to Vincennes University this application for participation of (name) \_\_\_\_\_ in the sport of volleyball on (date) \_\_\_\_\_ to be conducted under the auspices of Vincennes University and do hereby waive any and all rights and claims against Vincennes University, its trustees, officers, agents and employees, arising in or out of my participation in this activity. I further agree to indemnify and save harmless Vincennes University, its trustees, officers, agents and employees of and from any liability whatsoever arising from injuries suffered by me as a participant in the activity.

I understand and agree that Vincennes University shall **only** provide emergency medical treatment for any injuries suffered by the undersigned participant while participating in this activity and I assume full responsibility for all medical expenses incurred as a result of injuries suffered by the undersigned participant in this activity.

I agree that this waiver of liability is submitted to Vincennes University and is signed as the undersigned's free and voluntary act with full knowledge of the contents thereof.

Participant's Name (print)

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Participant's Signature

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Parent/Guardian's Signature (if under 18 years of age)

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Date Signed

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