

FUTURES - PLAYER LIABILITY RELEASE

Athlete's Name: _____ School: _____
Grade (for fall) _____
Address: _____
City, St _____ Zip _____

Cost: \$20. **Check payable to NE TOP 10.** Please give this check to your coach.

Parent's Release & Indemnity Agreement to NE TOP 10 Tournament: I understand that the NE TOP 10 Volleyball Tournament director, staff, and sponsors will NOT be held responsible for injuries or loss of property while the previously-named participant is attending. I do hereby release Kearney Catholic HS, NETOP 10 staff, and its employees from all liability, including claims and suits in law or equity for any injury or illness – fatal or otherwise. The signatures below absolve the NE TOP 10 Tournaments, Kearney Catholic High School, and its sponsors of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the participant. I will pay or cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given to the previously-named participant for illness or injury while attending or subsequent to attending the NE TOP 10 VB Tournament, and other medical specialists in the Kearney area are to act for me according to their best judgment in any emergency requiring medical attention. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of participants taken at the camp tournament.

Participant Signature

Parent/Guardian Signature

Home Phone #: _____ Parent Cell or Daytime Phone #: _____

Athlete's Cell #: _____

Please return this form to your coach.