

2017 – ENDEAVOUR ACADEMY VOLLEYBALL CLUB

RISK WAIVER FORM & FITNESS DECLARATION & REGISTRATION

Surname _____ First Names _____

Suburb _____ Post Code _____

Tel (h) _____ (w) _____ (m) _____

Email: _____ Current Club Member of: _____

Are you an Australian Citizen or Permanent Resident: Yes / No

If you are travelling, studying or a visitor to Sydney, until what date will you be staying in Sydney? _____

Date of Birth _____ Male/Female _____

Are you presently a full player member of State Volleyball NSW: Yes / No

What is your Federation of Origin? _____

I declare and understand that I am trialling and training for a player position and if selected participating as a player member on the Endeavour Academy Volleyball Squad, being Volleyball teams managed by Endeavour Academy Pty Limited, ABN 62 150 226 672 [“Endeavour ”].

Warning:

Volleyball can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in volleyball. I understand that although Endeavour and its staff and coach(s) and service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury.

1. I agree to attend the playing and training venue/s and required accommodation and travel arrangements to undertake all activities and or to participate in the program(s) and matches organised by Endeavour.
2. In the case of an emergency, I authorise Endeavour its agents, Coaches or staff, where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary.
3. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am participating, or attending the venue or activities and programs.
4. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my participation in activities delivered by Endeavour, its Directors, servants and agents including all Coaching and management staff, is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any Endeavour activity.
5. **Release and Indemnity:** In consideration of Endeavour permitting me to participate in Volleyball activities and programs, I:

- (a) release and forever discharge Endeavour from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any Endeavour activities and programs; and
- (b) indemnify and hold harmless Endeavour, to the extent permitted by law in respect of any Claim by any person including but not only another Member of Endeavour, arising as a result of or in connection with my membership and/or participation in any Endeavour activities or programs.

In this **clause 5 “Claims”** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant Volleyball NSW and Volleyball Australia insurance policy or under the Endeavour, Volleyball NSW and Volleyball Australia Constitution or any By-Laws.

6. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any Endeavour activity and program. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify Endeavour, in writing of any change to my fitness and ability to participate. I understand and accept that Endeavour and its staff and Coach(s) will continue to rely upon this declaration as evidence of my fitness and ability to participate.

7. I disclose that I presently have the following injuries that I am recovering from _____

8. I disclose that I have had the following injuries in the past that I have now fully recovered from _____

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity and fitness to participate.

Signed:	Date:
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Where the applicant is under 18 years of age this form must also be signed by the applicant’s parent or legal guardian.

I, am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this declaration including the provision by me of a release and indemnity in the terms set out above.

Parent/Guardian Signature:	Date:
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