



INFORMED ACKNOWLEDGMENT OF RISKS AND HAZARDS CONNECTED WITH PARTICIPATION IN VOLLEYBALL

THIS FORM MUST BE SIGNED BY THE STUDENT AND PARENT OR LEGAL GUARDIAN
IF THE STUDENT IS UNDER 18 YEARS OF AGE.

PLEASE READ CAREFULLY AND BE SURE YOU UNDERSTAND BEFORE YOU SIGN

WARNING

Participation in any athletic activity might involve injury of some type either to yourself or a fellow student-athlete. Such injury can include direct physical and possible crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

Volleyball is a competitive net and ball sport. As in all sports, **volleyball** involves the RISKS OF SERIOUS INJURY OR DEATH. Common injuries sustained as a result of participating in **volleyball** are principally located in the arms, hands, legs, and feet. The ankle and foot, knee, lower back, shoulder, elbow, wrist, and fingers are examples of typical injury locations. Bruises, scrapes, strains, and sprains are common types of injury. Less common but possible injuries are fractures, ligament and cartilage damage, and concussions.

Volleyball injuries can result from correct or incorrect performance of playing techniques used in tryouts, practices, warm-up games, drills, exercises, scrimmages, plays, matches, or other similar undertakings. Injury to the head and mouth, nose, teeth, eyes, ears, and other parts of the body can result from contact with the ball, other participants, the playing surface, and other solid objects in and around the play area. Injury can result from training room procedures; from the use of training equipment; from the administration of first aid; or from failing to follow game, training, safety, or other team rules. Injury may result from the use of playing techniques taught and/or from teaching methods employed by Centralia College coaches. The use of transportation provided or arranged by the College to and from **volleyball** games and other related activities also involves a risk of injury or death.

The purpose of this WARNING is to bring your attention to the existence of potential dangers associated with athletic participation. There is, however, always the risk of other types of injuries or the risk of injury or death resulting from other causes not specified here. The purpose of this WARNING is also to aid you in making an informed decision as to whether you or your child or ward should participate in this athletic activity and, as a condition of such participation, sign the foregoing ACKNOWLEDGMENT OF RISKS AND HAZARDS. In addition, its purpose is to make you aware that as a student athlete, or as a parent or guardian of a student athlete, it is your responsibility to learn about and/or to inquire of coaches, physicians, or other knowledgeable persons about any concerns that you might have any time regarding athletic safety and the safety of the College's **volleyball** program.

STUDENT-PARENTAL ACKNOWLEDGEMENT OF RISKS AND HAZARDS

I have read the above warning, which is incorporated here by reference, and I understand that **Volleyball** is a sport involving the **RISKS OF INJURY OR DEATH**. I also understand that by participating (or by permitting my child or ward to participate) in the Centralia College **Volleyball** program, I (my child or ward) am subject to the possibility of injury or death as outlined in the **WARNING** above.

CAUTION

BY SIGNING THIS ACKNOWLEDGEMENT OF RISKS AND HAZARDS, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND ITS CONTENTS AND WARNING, AND THAT I AGREE TO ITS TERMS AND CHOOSE TO PARTICIPATE (OR TO PERMIT MY CHILD OR WARD TO PARTICIPATE) IN THE INTERSCHOLASTIC SPORT OF GOLF AT CENTRALIA COLLEGE.

Date: _____

Signature of Student

Date: _____

*Signature of Parent or Legal Guardian (if student is under 18 years of age)

WITNESS – COLLEGE OFFICIAL

On _____ day of _____, 20_____, I witnessed the execution of the above.

Signature of School Official

Position

***NOTE: If it is not possible for a college official to witness the signature of the parent or legal guardian when the student is under the age of 18, a notary shall witness the parent's or guardian's signature to this acknowledgement of hazards and risks.**