

IMPACT VBC OFFICIALS AND VOLUNTEERS PARTICIPATION WAIVER



Participant Information

Name of Official or Volunteer: _____
Home Address: _____
Official or Volunteer Email: _____ Phone No.: _____
Emergency Contact Name: _____ Phone No.: _____

Participation Waiver and Release

I hereby acknowledge that my participation as an official or volunteer in sports activities organized by IMPACT VBC LLC is voluntary. I understand that these activities involve inherent risks, including but not limited to bodily injury, property damage, and death, which may occur as a result of my participation. Therefore, I agree to the following terms:

RELEASE AND WAIVER OF LIABILITY: I hereby release and forever discharge IMPACT VBC LLC, its directors, employees, facilities, and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, and causes of action that I may have now or in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself or to any property belonging to myself, whether caused by the negligence of the Released Parties or otherwise.

ASSUMPTION OF RISK: I understand and acknowledge that my participation in the sports activities organized by IMPACT VBC LLC involves inherent risks, including but not limited to bodily injury, property damage, and death. I voluntarily assume all risks associated with my participation in these activities.

INDEMNIFICATION: I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, demands, and causes of action, including attorneys' fees and costs, arising out of or related to my participation in the sports activities organized by IMPACT VBC LLC.

MEDICAL TREATMENT: I authorize IMPACT VBC LLC, its agents, employees, and volunteers, to obtain or provide medical treatment for myself in the event of any injury, illness, or other medical condition that may occur during my participation in the sports activities. In the event of injury while participating in this activity, my health insurance provider is the **sole provider** of health insurance services.

ACKNOWLEDGEMENT OF UNDERSTANDING: I have read this waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue the Released Parties for any injury, death, or damages that may result from my participation in the sports activities organized by IMPACT VBC LLC. I fully consent to participate in sports activities organized by IMPACT VBC LLC.

Signature of Official or Volunteer: _____ **Date:** _____

ALL OFFICIALS AND VOLUNTEERS MUST SUBMIT THIS FORM BEFORE PARTICIPATING