

Hemingford Summer Smash Volleyball Camp

June 6-7

2024 Incoming 3rd-8th Grades 8 AM-10 AM

Hemingford High School Gym



NOTICE, CONSENT, AND WAIVER FOR VOLLEYBALL CAMP

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions or concerns, please visit with an attorney before signing this document. This document must be signed before participation in the Volleyball Camp is allowed.

We are the student and the parent(s) of the student identified below. The student wishes to participate in a Volleyball Camp through Hemingford Public Schools ("School District"), and we are requesting that our student be allowed to do so. In consideration of our child being allowed to participate in the recreational and nonessential activity of volleyball, we acknowledge, appreciate, and agree as follows.

Acknowledgment of Activity and Risks. We understand that volleyball is a vigorous physical activity that involves running, jumping, hitting a ball, lifting and rotation, throwing, and other coordinated body movements. We understand that the school district will provide supervision and training for the activity. However, we understand and agree that even with appropriate supervision, safety training, safety equipment, and appropriate rules that volleyball may be a strenuous and/or hazardous activity, and we should contact a healthcare professional or doctor before my child begins such activities. We understand that participation in volleyball involves certain inherent risks and that, regardless of the precautions taken by the School District or the participants, some injuries may occur. These injuries include but are not limited to overexertion, cuts and lacerations, eye injuries, muscle strain, sprains, dislocated joints, broken bones, back injury, head injury, heart attacks, or other bodily injuries that could result in permanent disability, quadriplegia, and even death. These injuries may result from hazards such, as but not limited to, tripping, being injured by the ball, running into a wall or bleachers, and being struck or run into by a teammates, players, or officials.

Declaration. We do hereby further declare myself/my child to be physically sound and suffering from no condition, impairment, or other illness that would prevent my/their participation in volleyball. We acknowledge that I/my child has either had a physical examination and have been given a physician's permission to participate, OR that we have decided that the child will participate in volleyball without the approval of a physician and do hereby assume all responsibilities.

Release, Waiver, and Indemnification. In consideration of permission granted by the School District to participate in volleyball, I do hereby waive, release, and forever discharge the School District, its board of education, officers, agents, and employees from all actions, causes of action, damages, claims, or demands that we, our heirs, executors, administrators, or assigns may have against the school district and the parties named above for all personal injuries or loss of property which result from my participation in any activities, whether such injuries are caused by my negligence or the negligence of the School District or any of its employees, representatives, or volunteers. I agree to indemnify the School District, its board of education, officers, agents, and employees and to pay for any costs, attorney fees, or awards that may result from resisting any complaint or lawsuit which I may bring against the above-named parties for any injury or loss I claim to have suffered.

Medical Consent. I also grant my permission for my child to receive emergency medical treatment if the camp staff determines it is needed.

I, the undersigned, have read this Notice, Consent, and Waiver and understand all its terms. I execute it voluntarily and with full knowledge of its significance. **I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY, WAIVER, AND AN INDEMNIFICATION AND THAT I SHOULD READ IT CAREFULLY BEFORE SIGNING IT.**

Clearly PRINT the following information:

Student's Name: _____ Grade Level in Fall of 2024 _____

Birth Date: _____

Date: _____

Student's Signature: _____

PARENT OR GUARDIAN

We, the undersigned, have read this Notice, Consent, and Waiver and understand all its terms. We execute it voluntarily and with full knowledge of its significance. **WE UNDERSTAND THAT IT CONTAINS A LIABILITY, WAIVER, AND AN INDEMNIFICATION FOR OURSELVES AND OUR CHILD.** Clearly PRINT the following information:

Father's Name: _____

Mother's Name: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Please make checks payable to Hemingford Public Schools
Cost: **\$35**

T-shirts are an extra \$15 - Can include the cost of the t-shirt with camp registration fee

Youth - Small Medium Large

Adult - Small Medium Large X-Large

****Please return form and money by Thursday, May 9th to be guaranteed a shirt.** Can register after May 9th, however, t-shirts will not be available. There will also be a camp store available to shop in the gym lobby!**

Forms can be dropped off at the Elementary Office or mailed to:

Hemingford Schools
c/o Volleyball
PO Box 217
Hemingford, NE 69348

