

Wilbur-Creston School Districts
VOLLEYBALL

WARNING/AGREEMENT TO OBEY INSTRUCTIONS

**(Prior to participating, both the student
and parent must read carefully and sign)**

I am aware that volleyball is a high-risk sport and that practicing or competing in volleyball will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks of practicing and competing in volleyball include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of practicing or competing in volleyball may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed the District does not assume the responsibility for the medical services required for these risks.

Because of the dangers of volleyball, I recognize the importance of following the coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the Wilbur-Creston School Districts permitting me to try out for the volleyball team and to engage in all activities related to the team, including but not limited to trying out, practicing or competing in volleyball, I have read the above warnings and I understand their terms.

_____ Date	_____ Signature of Athlete

I, _____, am the parent/legal guardian of _____.
In consideration of the Wilbur-Creston School Districts permitting my child/ward to try out for the volleyball team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in volleyball, I have read the above warning and I understand their terms.

_____ Date	_____ Signature of Parent/Legal Guardian
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