



1750 Amherst Rd  
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2009-2010  
Medical and Liability Release Waiver

I indemnify and release K2 Volleyball LLC, its employees and agents harmless from any liability or medical payments resulting with my /my child's activity in the K2 Volleyball LLC facility and /or on its properties. I likewise release from responsibility any person transporting my child to and from activities. I understand that either my own medical insurance or myself will pay any medical or liability expenses incurred.

I as the guardian do hereby agree in signing this contract to abide by good sportsmanship and to refrain at all times from any harassment of an official or ridicule the efforts of any athletes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Athletes Name \_\_\_\_\_ DOB \_\_\_\_\_

Athlete Signature \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone( \_\_\_\_\_ ) \_\_\_\_\_