



MINOR ATHLETE CONSENT & PARTICIPATION WAIVER

Minor Athlete Consent & Participation Waiver · Ages 16–17

IMPORTANT: This form must be fully completed, signed by a parent/guardian, and presented on tournament day.
Players without a signed form on site will NOT be permitted to play.

1. EVENT INFORMATION

TOURNAMENT / EVENT NAME

DATE

VENUE

TEAM NAME

2. ATHLETE INFORMATION

FULL NAME

DATE OF BIRTH

AGE

GENDER

PHONE

EMAIL

3. PARENT / LEGAL GUARDIAN

FULL NAME

RELATIONSHIP

PHONE

EMAIL

4. EMERGENCY CONTACT

FULL NAME

RELATIONSHIP

PHONE

5. MEDICAL INFORMATION

Leave blank if none / Laisser vide si aucun

ALLERGIES (FOOD, MEDICATION, ENVIRONMENTAL)

MEDICAL CONDITIONS (ASTHMA, EPILEPSY, DIABETES, ETC.)

CURRENT MEDICATIONS

6. PHOTO & MEDIA RELEASE

Olympus Volleyball may photograph, film, or record athletes at events for promotional, social media, or educational purposes. By consenting below you grant Olympus Volleyball a non-exclusive, royalty-free licence to use such media.

I/We CONSENT to photo and media use

I/We DO NOT CONSENT

7. LIABILITY WAIVER & ASSUMPTION OF RISK

By initialling and signing below, the parent/guardian and athlete confirm they have read and understood each of the following:

1. ACKNOWLEDGMENT OF RISK

Volleyball involves inherent risks of physical injury including sprains, fractures, and concussions. These risks exist even when the sport is played safely and all rules are followed.

2. VOLUNTARY PARTICIPATION

We voluntarily consent to the athlete's participation in all Olympus Volleyball events and accept all associated risks as a condition of taking part.

3. RELEASE OF LIABILITY

We release Olympus Volleyball, its organizers, coaches, volunteers, sponsors, and affiliated venues from all liability arising from the athlete's participation or travel to events. This excludes gross negligence or wilful misconduct by Olympus Volleyball.

4. MEDICAL AUTHORIZATION

In a medical emergency we cannot be reached for, we authorize Olympus Volleyball representatives to administer first aid and arrange emergency care. We agree to bear any resulting costs.

5. FITNESS TO PARTICIPATE

We confirm the athlete is in good physical health, is not under medical restriction from sport, and understands the physical demands of competitive volleyball.

6. CONDUCT & COMPLIANCE

We understand that violation of tournament rules or the Code of Conduct may result in removal from the event without refund, at the sole discretion of organizers.

I/We have read, understood, and agree to each item above. / J'ai/Nous avons lu, compris et accepté.

PARENT/GUARDIAN INITIALS:

8. CODE OF CONDUCT

Full rules and code of conduct available at olympusvolleyball.com/rules. Non-compliance may result in removal without refund.

The athlete agrees to abide by all tournament rules and the Code of Conduct.

The parent/guardian accepts responsibility for the athlete's conduct throughout the event.

9. SIGNATURES

Both the ATHLETE and PARENT/GUARDIAN must sign. An unsigned form is invalid and will not be accepted.

ATHLETE / ATHLÈTE

PARENT / GUARDIAN — PARENT OU TUTEUR

Type name or use your PDF reader's signature tool

PRINT NAME

DATE

Type name or use your PDF reader's signature tool

PRINT NAME

DATE

FOR OFFICE USE ONLY / RÉSERVÉ À L'ADMINISTRATION

RECEIVED BY

DATE

VERIFIED

NOTES