ABLEVOLLEY YOUTH ALLIANCES INC.

Activity Waiver & Media Release

Organization: AbleVolley Youth Alliances Inc.

1. Activity Participation & Disclaimer

I understand that participating in sports and recreational activities involves inherent risks. I confirm that I (or my child) am/is in good health to participate.

Non-Medical: I acknowledge that AbleVolley Youth Alliances Inc. provides volunteer-led recreational support, not medical, therapeutic, or professional care.

Release of Liability: In exchange for being allowed to participate, I agree to release and hold harmless AbleVolley Youth Alliances Inc., its volunteers, and directors from any claims, damages, or injuries resulting from my (or my child's) participation, except in cases of gross negligence.

2. Media & Photo Release

I understand that AbleVolley Youth Alliances Inc. creates reports and content to share the impact of our work.

Consent: I grant permission for AbleVolley Youth Alliances Inc. to take photos, videos, and conduct interviews of me (or my child) during activities.

Usage: I agree that these materials may be used in videos, social media, reports, or promotional materials. I waive any right to royalties or compensation for this usage.

3. Acknowledgment

I have read this document and fully understand that by signing, I am giving up certain legal rights. I am signing this agreement voluntarily.

Signatures

Participant/Child Name:

Parent/Guardian Name (if under 18):

Signature: **Date:**