ABLEVOLLEY YOUTH ALLIANCES INC.

PARTICIPANT AGREEMENT, LIABILITY WAIVER & RELEASE

Serving Neurodiverse Youth (ASD, ADHD, LD) | Everyone Can. Everyone Belongs.

> **Important Notice:** This document affects your legal rights. Please read carefully before signing. As our programs are tailored for neurodiverse youth (including ASD, ADHD, and Learning Disabilities), this form must be completed and signed by the parent or legal guardian on behalf of the participant prior to participating in any AbleVolley Youth Alliances Inc. programs or events.

1. PROGRAM RULES & CODE OF CONDUCT

As a participant (supported by parent/guardian) in AbleVolley Youth Alliances Inc. programs (such as neurodiverse-friendly volleyball training, camps, clinics, fitness sessions, or community sports events), we understand and agree to the following:

- **Inclusive Environment:** We commit to fostering and supporting a respectful, patient, and inclusive environment for all participants, coaches, volunteers, and families.
- **Program Participation:** The participant will engage in program activities to the best of their ability, and we will follow all guidance and behavioral frameworks provided by coaches and organization coordinators.
- **Safety & Compliance:** We agree to follow all safety guidelines, venue rules, equipment instructions, and supervisory directions provided by AbleVolley leadership at all times.

2. ASSUMPTION OF INHERENT RISKS & MEDICAL DISCLOSURE

We acknowledge and understand that participating in sports, athletic training, and outdoor recreational activities (including volleyball drills, running events, and group physical exercises) carries inherent risks, including but not limited to slips, trips, falls, collisions, fatigue, sensory overload, and minor or severe physical injury. We confirm that the participant is in proper condition to participate safely, and we have disclosed any relevant medical, sensory, or behavioral considerations to the coaching staff to ensure a safe environment.

3. RELEASE OF LIABILITY & HOLD HARMLESS

In consideration of the participant being accepted into AbleVolley Youth Alliances Inc. programs, we hereby release, waive, discharge, and covenant not to sue AbleVolley Youth Alliances Inc., its directors, officers, employees, agents, volunteers, and coaches from any and all liability, claims, demands, losses, or damages arising out of or related to any injury, loss, or damage to person or property sustained during program activities, except in cases arising directly from the organization's gross negligence or willful misconduct.

4. MEDIA & PHOTO RELEASE

We understand that AbleVolley Youth Alliances Inc. captures photos, videos, and stories to celebrate participant achievements and share the impact of our inclusive community programs.

- **Consent:** We grant permission to AbleVolley Youth Alliances Inc. and its representatives to photograph, film, or record the participant during program activities.
- **Usage:** We agree that these visual and audio materials may be used in promotional materials, social media, newsletters, reports, and website displays. We waive any right to inspection, approval, royalties, or compensation whatsoever for this usage.

5. CONFIDENTIALITY & RESPECT

We acknowledge that during program activities, neurodiverse participants and families interact closely in a supportive community. We agree to maintain strict mutual respect, privacy, and supportive behavioral standards required by the organization.

6. ACKNOWLEDGMENT & VOLUNTARY EXECUTION

We have read this Participant Agreement, Liability Waiver & Release in its entirety, fully understand its terms, and understand that we are giving up substantial legal rights by signing it. We are signing this agreement freely, voluntarily, and without any inducement on behalf of the participant.

PARTICIPANT & PARENT/GUARDIAN INFORMATION & SIGNATURES

Participant Full Name (Print):

_____

Participant Signature (if 18+ or applicable):

_____

Date (YYYY-MM-DD):

_____

Parent/Legal Guardian Section: Because participants are minors or youth under 18, a parent or legal guardian must review and sign below.

Parent/Guardian Full Name (Print):

_____

Date (YYYY-MM-DD):

_____

Parent / Guardian Signature:

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