

North Pointe Prep

Open Gym Waiver

I hereby consent to the participation of my child(ren) in the North Pointe Prep Open Volleyball Gym. I hereby authorize the head coach, Ms. Drye, or an adult who has completed the AIA Concussion training, to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby waive and release the clinic, the director, the instructors, North Pointe Prep, and the Pointe Schools of all liability for any injuries or illness incurred while at or in transit to and from the clinic. Furthermore, by signing, I understand that participation in an athletic setting is a risk, and I am willing to allow my child to participate, regardless of the risks involved. I understand that entering my name below constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Consent.

Parent Signature

Date

Athletes name: _____