

# Bring It Promotions

*This waiver applies to all activities and events organized or sponsored by Bring it Promotions (BIP), including all transportation to and from the United States and while on tour. Participant (and Parent/Guardian if the participant is under 18 years of age) initials and signature are required prior to working with Bring it Promotions.*

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## LIABILITY WAIVER FORM

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**EACH** affirmation must be initialed by the participant (and parent/guardian if under 18 years of age) after it has been read. By initialing each statement you are affirming that you understand the terms and conditions of the waiver and that you consent to such waiver.

### The undersigned hereby:

- \_\_\_\_\_ Agree that my association with Bring it Promotions (BIP) is at will by both parties and may be terminated at any time by either party with, or without cause.
- \_\_\_\_\_ Acknowledge and fully understand that each player is voluntarily participating in activities that involve risk of injury (including catastrophic injury, or death) which may result from their own actions or negligence, but the actions or negligence of others, conditions of playing surfaces, or any equipment used. This includes any risks not reasonably foreseeable to BIP.
- \_\_\_\_\_ Assume all of the foregoing risks as a condition of participation with BIP and accept personal responsibility for the damages following any such injury.
- \_\_\_\_\_ Agree that if I choose to ski, or participate in any other sport other than indoor volleyball, I do so of my own free will and understand that these activities have nothing to do with BIP, or the tour. BIP cannot be held responsible for anything that happens to me while involved in non-tour related activities.

\_\_\_\_\_ Understand that alcohol, and the consumption of alcoholic beverages is strictly prohibited on the tour. If I (applies to non-minors only) choose to consume alcohol in any form, it is without the consent of BIP.

\_\_\_\_\_ Agree that any travel arrangements I make for myself, not associated with the volleyball tour, I do so on my own and at my own risk. This includes, but is not limited to, taxis, public transportation, and planes to and from tryouts, or during any "free time" not associated with the tour.

\_\_\_\_\_ Understand that BIP does not govern what I do when not involved with a tour related event. This includes activities on off-days, and activities at night after the official tour day is over. Any activity I participate in outside of the volleyball tour is on my own and I cannot hold BIP responsible for anything that may happen while engaged in non-tour related activities.

\_\_\_\_\_ I agree that BIP has the right to use my name and/or photo likeness for promotional and informational purposes related to BIP and its business.

**Permission to Administer Medical Care** - By signing this form, you have accepted responsibility for all medical expenses incurred while on tour whether you are covered by insurance or not.

I hereby grant my permission to be admitted to any hospital or medical facility for diagnosis or treatment. In case of injury, accident or illness, I authorize the representative of BIP and on-site medical/first aid staff to provide appropriate medical treatment. I authorize BIP to seek any necessary medical treatment for me and have been given no guarantees as to the result of any treatment. I accept total responsibility for any and all costs associated with any medical, or dental treatment I receive while on tour.

I have read and understand the above release and waiver and grant my permission to administer medical care and I will assume any costs associated with such.  
By initialing all of the above statements, I agree to the terms and conditions therein.

\_\_\_\_\_  
PARTICIPANT NAME (print)

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (print)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
TODAY'S DATE