

## VOLLEYBALL TRIP PARTICIPATION-TRAVEL WAIVER

Departure Date \_\_\_\_\_

Departure Time \_\_\_\_\_

Departure Location \_\_\_\_\_

Destination \_\_\_\_\_

Return Date \_\_\_\_\_

Driver/Chaperone \_\_\_\_\_

\_\_\_\_\_ (player) has my permission to participate in the above listed volleyball trip. It is my understanding that all persons making the trip shall be deemed to have waived all claims against SLO JUNIORS VOLLEYBALL CLUB, Cuesta College, individuals associated with SLO JUNIORS VOLLEYBALL CLUB, and the above listed driver/chaperone for injury, illness, or death occurring during or by reason of the volleyball trip. It is further understood that the supervisors of the trip are the only ones assigned to authorize emergency medical assistance or treatment for the above stated person using the emergency care paper information, and to authorize the giving of such assistance or treatment in the absence of the undersigned.

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular or Emergency Phone \_\_\_\_\_

Medical Needs/Special Conditions/Allergies \_\_\_\_\_

\_\_\_\_\_

PARENT OR GUARDIAN Signature \_\_\_\_\_

Date \_\_\_\_\_