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***KVC Clinic Parent Release***

***Indemnity Agreement and Photo Release Form***

**Indemnity Agreement**

I/we hereby request that you accept the application for the enrollment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the 2020/2021 KVC Volleyball. I/we hereby release KVC Volleyball staff and its employees from all claims on accounts of any injuries(s), which may be sustained by my/our son/daughter while attending the volleyball. Further, I/we agree to indemnify the KVC Volleyball staff and its employees for any claim that may hereafter be represented by my/our son/daughter as a result of such injuries. In addition, I/we hereby understand that it is my/our responsibility for medical care. I/we have personal insurance that will cover ALL injuries if an injury does occur during the KVC Volleyball Session(s).

Date\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

I/we grant to KVC, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize KVC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that KVC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Player Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under age 18)

KVC, PO Box 7693, Kingsport, TN 37664