

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I, the undersigned ......................................................…………………………………………. (name and surname) resident at ......................................... ...... .................................................. .................................. (full address), declare the following:

* I will not make any claim against, sue or prosecute Eurovolley, its members or the members of the Eurovolley's Committee for damages for death, personal injury, theft or personal property damage which I may sustain as a result of my participation in the activities of the Eurovolley
* I am unaware of any obstacle in my medical condition that would prevent me from practicing volleyball
* I am physically fit, have sufficiently prepared or trained for participation in the activities of Eurovolley, and have not been advised to not participate by a qualified medical professional
* I acknowledge that I have become aware of all the risks involved in the practice of volleyball and I undertake to follow the rules of conduct and safety

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT.

Done on: ....................................... (date) at……………………………………………………(place)

Signature