



TRYOUT RELEASE FORM

To Whom It May Concern:

I hereby authorize the staff of the Santa Monica Beach Club (SMBC) to act for me according to their best judgment in any emergency which requires that my child:

Name of Player

receive medical attention. I hereby waive and release the Harvard-Westlake facility, SMBC, and SMBC volunteers, staff, and directors from any and all liability for any injuries sustained by my child while attending and participating in:

The 2008-2009 Season SMBC Girls Volleyball Tryouts

Furthermore, I have no knowledge of any physical impairment in my child which would be affected by participation in the SMBC Volleyball Tryouts.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Emergency Telephone Number

Date