BANQUETE ISD

Release from Liability Form

***\*\*\*Each player participating must have a form before participating. \*\*\****

**Parental/Adult Authorization: I hereby request you to accept the application for participation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in any of the following BISD Summer Clinics/Camps: MVP ZONE, VOLLEYBALL SUMMER CAMP. It is understood that the league does not provide medical insurance covering injuries of any nature incurred during any part of the clinic (warm-up, during the meet, spectating, ect.). I hereby release the Banquete ISD, its successors, offices, agents, employers, and institutions, form any and all claims, demands, and causes of action whatsoever in any way resulting from participation of the forename child/adult in the BISD Summer Clinics/Camps.**