



TEAM COMPLETE ATHLETE
Raleigh, North Carolina
CAPITAL CITY VOLLEYBALL CLUB

Waiver and Release

The undersigned on behalf of child named below (the "Student / Athlete"), waives and fully and unconditionally releases and forever discharges the **Capital City Volleyball and Team Complete Athlete** and **Team Complete Athlete** ("CCVC / TCA") and the **NetSports Board of Trustees, Owners, Operators, Landlord, Tenants** ("any of those not listed but employed by NetSports or its landlord or affiliates") and their past, present, and future officers, directors, employees and agents from any and all claims of any kind arising from participation in any CCVC / TCA activity on the NetSports Property.

Parent / Guardian Signature

Date

Student / Athlete Signature

Date

Photograph, Information Release Permission Form

We will regularly update our website with pictures of the students-athletes and teams that CCVC / TCA, the Carolina Region or others take throughout the season. Before we use any pictures on the website or in any promotional literature we must have the form below signed and returned to us agreeing to allow this information to be released. You may contact any Executive Board Member by visiting www.myccvc.com if you have any questions regarding the planned use of this information.

I hereby agree that Capital City Volleyball and Team Complete Athlete Club may use images of my daughter, _____ on its website or in other promotional literature.

These images may include, but are not limited to, photographs, video and other multimedia images. Capital City Volleyball and Team Complete Athlete Club may use these images on its website, promotional or informational literature, recruiting guides, and any other medium related to the function of Capital City Volleyball and Team Complete Athlete Club.

I understand these images may be used by Capital City Volleyball and Team Complete Athlete Club, in conjunction with its corporate partners and sponsors.

I agree to indemnify and hold harmless Capital City Volleyball and Team Complete Athlete Club, its partners, officers, employees, and any organization co-sponsoring the program, from and against any and all liability arising out of or in any way connected with the use or publication of these images.

Parent / Guardian Name (Please Print)

Date

Parent / Guardian Signature

Player's Name (Please Print)

Also, I hereby agree that Capital City Volleyball and Team Complete Athlete Club may publish and release my daughter's personal information; including, but not limited to: address, phone, email, graduation date, GPA, standardized test scores, physical test results, awards, and school information. This information may be available to other coaches, representatives, and recruiting agencies for the sole purpose of student-athlete recruitment.

Parent / Guardian Name

Date

Parent / Guardian Signature

Player's Name (Please Print)