

## Waiver of Liability

I authorize the staff of the Thanh Pham Volleyball Camp to act according to their best judgment in any emergency requiring medical attention and I waive and release the camp from any injuries while at the camp. I have no knowledge of any physical impairment that would be affected by the named individual's participation in the camp. I am also aware of the refund policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_