

Grambling State University



Hold Harmless Agreement



VOLLEYBALL CAMP

By signing this document, I agree to the following:

In consideration of the benefit received from attending this Volleyball Camp, a camp being conducted by state-owned institution, I voluntarily and knowing assume any risk associated therewith and waive my right to assert any claim against the University, or any of the Volleyball Camp staff, volunteers, or against the Intramural facilities/Assembly Center, Grambling State University, or the State of Louisiana for injury or damage to person or property resulting from my presence at the camp.

I, or we, grant to the coaches, trainers, adult volunteers, or other assigned staff to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child.

Date: _____

Athlete Name: _____

Responsible Party/Relationship Name: _____

Signature: _____