



Orillia Suns Volleyball

Personal Information, Waivers and Indemnification

2021-22 GYM WAIVER

Player (Last Name) _____

Player (First Name) _____

Player DOB (MM/DD/YYYY) _____ / _____ / _____

Parent's or Guardian's Full Name _____

- I understand that Orillia Suns Volleyball Club gathers personal information about each of its participants, including name, address, email, telephone number, gender and date of birth. Orillia Suns Volleyball Club also requests medical and emergency contact information to use in the case of a medical emergency.*
- I understand and agree that Orillia Suns Volleyball Club, the City of Orillia, the Orillia Christian School, and any of its officials, affiliates or sponsors are not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions, howsoever caused. This includes COVID-19 or other illnesses or complications.*
- Player is a Canadian resident.*
- Player is covered by provincial or federal health and hospitalization plan.*

Parent or Guardian's Signature

Date