East Coast Elite Volleyball Club | P.O. Box 670 | Ellicott City, MD 21041

Carpool Transportation Liability Waiver

To participate in a carpool arrangement with an East Coast Elite Volleyball Club (ECE) individual, such as a club director, Board member, coach, team representative, etc., parent(s) and/guardian(s) are required to complete and submit this document **prior to the start of a carpool arrangement**. If there are ANY changes, it is the full responsibility of the parent(s) or guardian(s) to resubmit this document to ECE prior to the arrangement. If any carpool arrangement is to be terminated, the parent(s)/guardian(s) must notify ECE by providing a written and dated withdrawal of consent. This document is valid **from the date signed to the conclusion by Memorial Day weekend.**

I, _____ have agreed to allow my child/athlete
(**Print Parent/Guardian Full Name**)

_____, to be transported to and/or from his/her
(**Print Athlete's Full Name**)

activities by the adult(s) listed below. I am accepting full responsibility and liability for my child/athlete. I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and release East Coast Elite Volleyball Club (ECE), its directors, Board members, coaches, and team representatives, from any claim, demand or cause of action arising from or in connection with the transportation to and/or from their activities. I understand that transportation being provided for my child/athlete is completely voluntary and that I am totally responsible for my child/athlete and release East Coast Elite Volleyball Club (ECE), its directors, Board members, coaches, and team representatives, from any liability. I also acknowledge ECE does not check drivers' license validity or insurance coverage for carpool participants. My signature also indicates my assurance that my child has valid medical and accident insurance.

Adult(s) authorized to transport the above-named child/athlete (**Print Full Name**):

1._____ 2._____

3._____ 4._____

_____ _____

Parent/Guardian Signature **Date** (MM/DD/YYYY)