



## 2024 - 2025 Photo/Travel Waiver

I consent to the use of photographs, or videos of my minor child/children, and reproductions or likeness thereof in any form by Spiked City DC. I explicitly grant permission for Spiked City DC to use these photographs in advertising and promotional materials, both in print and online.

I understand that no names or personal information relevant to the photographs or video will be published.

\*If you **DO NOT** consent, please provide daughters name below

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### TRAVEL WAIVER, MEDICAL AUTHORIZATION AND CONSENT TO PARTICIPATE

- My child has my permission to participate in athletics. I am aware that during any sports event certain dangers may occur, including, but not limited to, the hazards created by the forces of nature and other means, including walking. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff or the hospital or facility furnishing medical or dental services.
- I understand and do hereby assume all the above mentioned risks, will hold the Spiked City DC, its' officers, agents, and employees harmless from all liability or claims whatsoever which may arise out of, or in connections with, a trip or participation in any activities arranged for the participant by Spiked City DC. The terms thereof shall serve as a release and assumption of risk for my heirs, executor, and administrators, and for all members of my family.
- I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these regulations may result in that individual being sent home at her parents and/or guardians expense. **I hereby give my consent for my child to compete/attend/participate in all athletic events as a participant team member of Spiked City DC.**

## ATHLETIC CODE OF CONDUCT

We expect our athletes to conform to the following guidelines as a code of conduct beginning immediately at the first organized practice in order to participate.

### 1. TRAVEL CONDUCT OF AN ATHLETE

a. During participation: Any behavior, which reflects badly on the team and coaches will not be tolerated. Violations can result in removal from the team.

b. Team Travel: All players must go and return in the vehicle they were assigned. For an athlete to return home with her parents in another vehicle, the coach must release the athlete. On trips, you are directly representing your team, family, and coaches. It is, therefore, expected that you will conduct yourself in an acceptable manner.

1. I understand that whenever I use my private vehicle to provide transportation for athletes to and from events that:

a. Spiked City DC DOES NOT PROVIDE collision insurance for my private vehicle.

b. Spiked City DC DOES NOT PROVIDE secondary liability insurance for property damage and bodily injury for my private vehicle. If loss should occur, my insurance policy will be "PRIMARY."

c. I will provide a current cell phone number for emergency contact. Cell phone usage is prohibited while the vehicle is in motion.

1. Number of Passengers: The number of passengers to be transported in a private vehicle will not exceed the number of seat belts available for their use. The driver must ensure that each passenger has fastened their seat belt before placing the vehicle in motion. Also, the number of passengers being transported must not be so great as to interfere with the driver's ability to operate the vehicle safely.

I understand the above passenger limitations and agree to abide by them whenever I provide transportation for events. I certify that my vehicle is and will be in good mechanical condition whenever it is used to provide transportation.

In accordance with these passenger limitations, I can transport \_\_\_\_\_ athletes.

Parent/Guardian Signature: \_\_\_\_\_

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

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

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS FORM AND THAT I UNDERSTAND AND AGREE TO ABIDE BY ITS TERMS.