



2025-2026 O-Zone Tryouts Pre-Member / Release Form

Players Name: _____

D.B. ____/____/____ Age: ____ Height: ____ Position: _____

School: _____ Grade: _____

Parents Phone Number: _____

Parents Email Address: _____

2025-2026 Release of Liability

I _____ acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a **Tryouts** cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A **Tryouts**. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

A) I WAIVE, RELEASE, AND DISCHARGE from any and all claims them (directors, team members, participants, Sponsors, Coaches or Any Representative) off Orlando Zone Performance or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event (**Tryouts**), THE FOLLOWING PERSONS OR ENTITIES: Orlando Zone Performance directors, sponsors, Coaches, officers, Players, employees, representatives, and agents of any of the above; **B)** I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and **C)** I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions or any accident or emergency.

X _____

Date: ____/____/____

2025-2026 Personal Information Release and Internet Authorization Form

Our website and social media contains pictures of our student-athletes and teams. Before we use any pictures of your athlete on our website or social media we must have the form below signed and returned to the Club. Contact us at 407-901-4456 if you have any questions regarding the planned use of these photographs.

I hereby agree that Orlando Zone Performance may use images of my athlete, _____ on its website, social media, or in other promotional materials. These images may include, but are not limited to, photographs, video and other multimedia images. Orlando Zone Performance may use these images on its website, social media, promotional or informational literature, recruiting guides, and any other medium related to the function of Orlando Zone Performance.

I understand that Orlando Zone Performance may use these images in conjunction with its corporate partners and sponsors.

I agree to indemnify and hold harmless Orlando Zone Performance, its partners, officers, employees, and any organization co-sponsoring the program, from and against any and all liability arising out of or in any way connected with the use or publication of these images.

X _____

Date: ____/____/____