



TENNIS WAIVER FORM

Participant's Name: _____

Date of Birth: _____

Parent/Guardian Name (if Junior participant): _____

Street Address: _____ Zip: _____

Cell Phone: _____

TENNIS EXPERIENCE: Player is a: _____ Beginner _____ Other (please explain)

MEDICAL INFORMATION: (Optional)

Person to contact in case of emergency:

Phone(s): _____

Relationship to participant: _____

Doctor's Name: _____

Phone Number: _____

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics):

CANCELLATION AND CHANGE POLICY Cancellation or change of tennis lesson frequency must be done 24 hrs ahead to avoid being charged. NO VERBAL notifications will be accepted. To make the change, either submit a note describing the change to Coach Paul at 774-994-0525 or infocapecodtennis@gmail.com.

DISCIPLINE POLICY Cape Cod Tennis reserves the right to remove a child from any program or activity if the child's behavior jeopardizes his/her own safety, that of others, or is so disruptive that another participant's ability to learn is affected. In response to occasional "acting out", children will be asked to sit quietly in "time out" on the court bench.

INCLEMENT WEATHER POLICY Cape Cod Tennis will cancel clinics or programs to be credited at a future time. (rain days, severe wind, tornados etc.) Safety first.

WAIVER STATEMENT I agree to assume full risk and to waive, relinquish and release all claims I and or the participant may have against, indemnify, hold harmless and defend the Cape Cod Tennis. This release includes Cape Cod Tennis officers, agents, servants and employees from any such claims resulting from injury, damages or loss sustained on account of participation in any Cape Cod Tennis program or event. On behalf of the participant, I acknowledge the existence of risks in connection with tennis lessons, assume such risks and agree to accept the responsibility for any injuries sustained by the participant. I understand that every precaution is taken to protect the safety of each participant and agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

PHOTO/VIDEO RELEASE I hereby grant the Cape Cod Tennis, its directors, officers, employees, agents, and designees (collectively "CCT") non-revocable permission to capture my image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that CCT will own such Images and further grant the CCT permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to CCT business, including without limitation, publications, advertisements, brochures, website images, or other electronic displays and transmissions thereof. I further waive any right to inspect or approve the use of the Image by the CCT prior to its use. I forever release and hold the CCT harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

MY SIGNATURE CONVEYS • I authorize Cape Cod Tennis to draft my tennis lesson fees as indicated on my payment Information page which will be shredded; • I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an Cape Cod Tennis employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation; • I understand the Cape Cod Tennis policy on discipline; • I understand I need to notify Cape Cod Tennis or Paul if you will not be able to attend a clinic or program 24 hours ahead; • I release Cape cod Tennis and Sesuit Harbor Tennis Club from all claims my child might sustain as a result of participation in tennis lessons in accordance with the Waiver Statement.

PARTICIPANT'S NAME: _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE: _____

DATE: _____