

Tenacity Tennis Academy

Release & Waiver

Please complete this Release and Wavier, sign it, have your parent or guardian sign it, and take the signed form with you to practice. You can also just email it back to Tenacity Tennis Academy.

Please Print:

Players Name. : _____

Date: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Parents Names: _____

LIKENESS RELEASE & WAIVER:

I hereby acknowledge and grant to the Tenacity Tennis Academy and East Cobb Swim and Tennis incorporated and non profit its related entities, subsidiaries, affiliates, successors, assigns, and to such other persons as staff may designate or give permission to from time to time (collectively, "Licensees"), the absolute, irrevocable right and permission to use, in any manner throughout the world, in perpetuity, my name, voice, portrait likeness, biographical information, testimonials, and statements (including but not limited to photographs, video, film and/or other recordings of me), either alone or accompanied by other material in any media and formats whether now known or later developed, for any purpose relating to developing and promoting the growth of tennis in the United States, and advertising and publicizing Tenacity Tennis or ECST and its products and/or services. I agree that any recordings, images, photographs, film and /or videotape taken of me are owned by Tenacity Tenacity and ECST. If I should receive Andy copy thereof, I shall not authorize its use by anyone else. I hereby waive all my rights to inspect and approve the finished product and materials, their, use or such visual, written or audio copy as may be used in connection therewith.

LIABILITY RELEASE & WAIVER:

Acceptance of my entry in this academy is without assumption or responsibility of any kind by the Tenacity Tennis Academy, East Cobb Swim and Tennis, committee or the management of any event in which I may participate. In consideration of the acceptance to the academy, I do hereby for and on behalf of myself, and my heirs and my legal representatives release and forever discharge the Tenacity Tennis Academy, East Cobb Swim and Tennis, its officers, committees, and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the events described, and all claims are hereby waived and released, and I covenant not to sue therefor.

MEDICAL RELEASE:

I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness as seems reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of the Tenacity Tennis Academy and East Cobb Swim and Tennis. I have read and have understood this Release & Waiver. I understand by signing this Release, I have given up substantial rights. I have voluntarily signed this Release & Waiver. I am at least 18 years of age and I competent to contract in my own name. I have read this Release & Waiver before signing below, and I fully understand the contents, meanings and impact of the Release and Waiver.

Player Signature: _____

Date: _____

Signature of Parent of Guardian (if under 18):

Print Name: _____

Print Name of Child: _____

Date: _____