

Consent, release and waiver of liability form for participating in the  
Planet Tennis USA Summer Clinics.

I grant permission for my child or children (print) \_\_\_\_\_  
\_\_\_\_\_ to participate in the Planet Tennis  
USA summer clinics.

I understand that it is my responsibility to provide transportation for my child(ren) to and from the clinic. I understand that in order to participate in the program, my child(ren) must abide by the established rules and codes of conduct established by the program staff. Planet Tennis USA and its staff reserves the right to dismiss a child from the clinic due to that child's disruption of the program, including but not limited to verbal and physical aggression against staff, or other participants, failure to follow safety or program instructions, and any other disruptive behavior. A child's dismissal will be at the discretion of the Director (Greg Reardon) of the clinic. If the child is dismissed, there will be no refund.

I understand that the activities of the clinic may include certain physical activities, and I understand and agree to assume any and all risks associated with the camp's activities.

I understand that photographs may be taken of the clinic during their participation of activities. I grant permission for my child(ren) to be photographed for purposes of publicity. I understand that some pictures may appear in future mailings, newspapers, and flyers, as well as our company website publicity photos.

If any illness, injury, or accident occurs which, in the sole judgment of the staff of the clinic, requires immediate medical attention, I give consent for any member of the clinic staff to obtain such emergency treatment.

I further consent to the signing of any releases by program staff, which maybe required by a medical care provider. I understand that in the event of a medical emergency I will be notified as soon as possible. I also agree to provide the clinic staff with an emergency number.

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury, or accident occurring while my child is attending clinic is my responsibility, and that the clinic, Planet Tennis USA, its staff, and its owner is not obligated to pay for such medical care.

For the sole consideration of Planet Tennis USA allowing my child to participate in the program, I hereby assume all risks of personal injury and/or property damage to my child(ren) in any way associated with the clinic.

I hereby agree that the clinic, Planet Tennis USA, its members individually and its owner, as well as staff shall not be liable for any injuries or any damage to my

child(ren), or be subject to any claim, demand, injury or damages, whatsoever, including without limitation, those damages from acts of passive or active negligence on the part of the clinic, its members individually, its owner (Greg Reardon) and his staff.

I hereby agree to expressly forever release and discharge the clinic, its owner, and its staff from all such claims, demands, injuries, damages, actions or causes of action. Further, I covenant not to sue the clinic, Planet Tennis USA, or its owner(Greg Reardon) or his staff.

I acknowledge that I have carefully read this paragraph and fully understand that this waiver is a waiver and release of any liability.

I have received a copy of this document and I certify I am at least 18 years of age and that I have read the above carefully before signing.

This \_\_\_\_\_ day of \_\_\_\_\_ 2017

\_\_\_\_\_  
Signature of parent/guardian name of parent/guardian printed

\_\_\_\_\_  
Signature of Parent/guardian name of parent/guardian (printed)