



## RELEASE & WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

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For good and valuable consideration, including but not limited to, permission for:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

To participate in Sacramento Community Tennis Association and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor, acknowledge and accept the following:

1. Consent to the minor's participation in the event of activity;
2. Agree that prior to minor's participation in the event or activity the minor and I will inspect the facilities, equipment, and area where the event or activity is being conducted and, if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
3. Acknowledge that the minor and I fully understand that the minor's participation may involve risk of serious injury or death, including economic losses, which may result not only from minor's own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
4. Release, waive, discharge and relinquish SCTA, and their officers, directors, commissioners, employees, and agents to the furthest extent allowed by law, from any liability, loss, damage, claim, demand or cause of action against them attributable to the minor's participation in the event or activity, whether same shall arise by their negligence or otherwise;
5. Assume any and all risks of personal injuries to the minor and authorize SCTA to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the minor to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent, or partial disability, or death and damage to the minor's or my property, caused by or arising from the minor's participation in the event or activity. If treatment is necessary for the minor, it is preferred treatment to be provided at:

Hospital \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Primary Physician \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance or Card # \_\_\_\_\_

6. If any such treatment is rendered, regardless of by whom, I further agree to release, waive, and hold harmless SCTA in connection with and/or as a result of the same.
7. Agree that photographs, pictures, slides, movies or videos of the minor may be taken in connection with the minor's participation in the event or activity without compensation from SCTA and consent to the use of photographs, pictures, slides, movies or videos for any legal purpose.
8. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity.
9. Refund policy; a full refunds will be given upon written request and then only up until original close date of registration. AFTER THE ORIGINAL CLOSE DATE, 100% OF YOUR PAYMENT IS NON-REFUNDABLE.

**BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING. IF ONLY ONE PARENT SIGNS, THEN THAT PARENT BINDS THE OTHER PARENT. LEGALLY APPOINTED GUARDIANS MUST SIGN ALSO.**

\_\_\_\_\_  
Parent/Guardian Printed Names

\_\_\_\_\_  
Parent/Guardian Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach's Printed Name

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

