

RELEASE AND WAIVER OF LIABILITY- CHELTENHAM YOUTH TENNIS. sponsors various tennis activities and events, including, but not limited to, Clinics, Lessons, Informal get-togethers, Team Challenges/Tournaments, JTT, etc.,

1. Assumption of Risk. I understand that tennis, by its very nature, carries with it certain dangers and risks that cannot be eliminated, regardless of the care taken to prevent or minimize harm. These risks range from minor injuries (such as cuts, bruises, muscle strains and sprains) to major injuries (such as broken bones or concussions) to catastrophic injuries (such as heart attacks and other injuries that may cause permanent damage or even death). I acknowledge that I am voluntarily participating in **CYT** Events and understand the risks involved. I hereby assume full responsibility for all risks arising out of, related to or connected with my participation in the Events. 2. Release. Acceptance of my participation in the Events is without assumption or responsibility of any kind by **CHELTENHAM YOUTH TENNIS** in which I may be entered or may participate. In consideration of acceptance of my participation in any/all Events, I do hereby for and on behalf of myself and my heirs and legal representatives, release, waive and forever discharge **CHELTENHAM YOUTH TENNIS** their respective officers, directors, committees, coaches, volunteers, representatives, (collectively, the "Released Persons"), of and from any and all loss, liability, claims and damages, of any kind or nature whatsoever ("Claims"), including, but not limited to, COVID-19, Claims for bodily injury, death or loss of personal property, whether caused by the negligence of the Released Persons or otherwise, arising out of, related to, or connected with my participation in the Events, including any travel to and from the Events. I further agree not to sue or bring any legal action or assert any Claim against the Released Persons arising out of or relating to my participation in the Events. 3. Medical Consent. I understand and acknowledge that it is my responsibility (in consultation with my physician if necessary) to determine whether any medical conditions exist which may pose a threat to the health or safety of myself or others while participating in the Events. I hereby consent to the rendering of emergency first aid and other medical procedures that at the time of injury or illness seem reasonably advisable and release all Released Persons from any and all Claims on account of any such first aid or medical procedures rendered. I further understand that I will be responsible for payment for any such medical procedures. 4. Publicity Consent. I hereby grant to **CHELTENHAM YOUTH TENNIS**, its successors and assigns, the right to record, use, publish, and distribute my photograph, image, appearance, voice, video, actions and other likeness of me, whether taken, developed or otherwise acquired by **CYT** in connection with the Events, without compensation, for any purpose and through any medium, and agree that **CYT** shall be the sole owner and copyright holder thereof. 5. Parental Consent. If the participant is under 18 years of age, my parents or legal guardian, by signing below, hereby agree to this Release on their own behalf and on behalf of the participant. This is for current and all future events. I understand that Cheltenham Youth Tennis is not able to provide refunds once a child is registered, and payment has been made. This waiver only needs to be signed one time.

By signing below, I certify that I have read, understand, and agree to the terms of this Release. PARTICIPANT:

PARENT OR LEGAL GUARDIAN (if Participant is under 18 years of age)

Child: _____ Parent Print Name: _____

Signature: _____ Date: _____ Phone: _____

Email: _____