

Storrs Pond Tennis
Storrs Pond Recreation Center

WAIVER AND RELEASE OF LIABILITY FORM

Instructions: Each Player and their Parents/Guardians should read the statement below before completing and signing this Waiver & Release Form.

In consideration for the right to participate in Storrs Pond Summer Tennis camp, events, travel and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The programs afford my child the opportunity to participate in activities, including, but not limited to: on court tennis drills, match play and conditioning. There are inherent risks involved with all these activities. I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that this CAMP/PROGRAM is physically strenuous and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Storrs Pond Tennis and anyone associated with Storrs Pond Tennis Programs from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this CAMP/PROGRAM.
5. **Consent to use of Photographic or Video images:** I hereby grant Storrs Pond Tennis, its agents and representatives, full and comprehensive rights to use photographs or other types of media to promote the Storrs Pond Tennis Programs.

If you do not want your child's image used please complete below.

_____ **I do not** wish to have my child, _____'s image or photograph used in any Storrs Pond advertising or media.

Participants Name(s) _____

Parent/Guardian (if under 18) _____

Address _____

Phone _____

Signature _____ Date _____