

MATCH POINT TENNIS CLUB – LIABILITY RELEASE

Student's Name: _____ DOB/Age: _____ / _____ (junior players)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

LIABILITY WAIVER

I/We hereby understand and acknowledge that the training, participating, programs and events held by Match Point Tennis Club, LLC may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Match Point Tennis Club, LLC furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLDHARMLESS, WAIVE AND RELEASE** Match Point Tennis Club, LLC, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in Match Point Tennis Club, LLC training, programs and/or events.

By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

First and last name (please print)

Signature

Date