

RELEASE

This is a legally binding Release made by \_\_\_\_\_ (print full name of parent/guardian), to the Butler Area School District and Butler Junior Tennis Association.

I recognize and understand that my child \_\_\_\_\_ (name) desires to participate in the \_\_\_\_\_ (name of camp/clinic) from \_\_\_\_\_ (date) through \_\_\_\_\_ (date), taking place on the campus of the Butler Area School District. I understand that the Butler Area School District does not require my child to participate in the Camp/Clinic, or in any related activity, but I want him/her to do so, despite the possible dangers and risks and despite this Release.

I fully recognize that there are dangers and risks to which my child may be exposed in participating in the Camp/Clinic, and related activities. It is fully recognized and understood that participation in the Camp/Clinic and related activities, may give rise to the risk of injury, either directly by way of my child's own actions or by the actions of others. Examples of these dangers and risks are injuries including, but not limited to, muscle or ligament damage, lacerations, abrasions, contusions and fractures, paralysis, disability, as well as other, injuries or conditions up to and including loss of life. I am aware of the existence of the risk taken. I appreciate its character and on behalf of my child, voluntarily assume all risk of harm.

I agree to assume and take on myself all of the risks and responsibilities in any way associated with the Camp/Clinic, and related activities. In consideration of and return for the services, facilities, equipment or other things provided to me or my child by the Butler Area School District in this activity.

I HEREBY RELEASE BUTLER JUNIOR TENNIS ASSOCIATION AND THE BUTLER AREA SCHOOL DISTRICT (AND ALL BOARD MEMBERS, ADMINISTRATION, COACHES, EMPLOYEES, OFFICERS, VOLUNTEERS AND AGENTS) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY CHILD, OR FROM DAMAGE TO HIS/HER PROPERTY, IN CONNECTION WITH THE CAMP/CLINIC AND RELATED ACTIVITIES, I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE BUTLER AREA SCHOOL DISTRICT (OR ITS BOARD MEMBERS, ADMINISTRATION, COACHES, EMPLOYEES, OFFICERS OR AGENTS OF EACH OF THEM), INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I recognize that this Release means I am giving up, among other things, rights to sue the Butler Area School District for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself.

-OVER-

Further, I agree to defend, indemnify and hold harmless the Butler Junior Tennis Association and Butler Area School District, including all board members, administration, coaches, employees, officers and agents from and against any claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, by reason of any suit, claim demand, judgment or cause of action initiated by \_\_\_\_\_ (child's name) or arising out of \_\_\_\_\_ (child's name) participation in the Camp/Clinic, and related activities.

I further acknowledge that to the best of my knowledge, information and belief, my child is physically able to participate in the Camp/Clinic and related activities without any undue or unusual risk to him/her or to others.

In the event any portion of the foregoing release is deemed to be unenforceable, all other portions of the release shall remain in full force and effect.

I have read this entire Release. I fully understand it and I agree to be legally bound by it.

**READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
Releaser's Signature (parent/guardian) signature

\_\_\_\_\_  
Date