

Player's Name _____ Grade _____

Butler Junior Tennis Association
Summer Tennis Program
Traveling and Home Match Players
Permission Form & Waiver and Release from Liability

Our Traveling Summer Tennis Team will be playing matches on our home courts at the Butler Area Senior High School courts as well as traveling to various tennis clubs in the area in the months of June, July and August. Accompanying the students will be coaches, volunteer board members, board officers and parents who have volunteered to carpool.

As the parent(s)/guardian(s) of the above named player, I/we on behalf of myself/ourselves, my/our heirs, executors, administrators and assigns, and on behalf of the above named player, do hereby release, waive, discharge and covenant not to sue the Butler Junior Tennis Association, its affiliated clubs, their respective administrators, board directors, board officers, agents, servants, coaches, volunteers, and other participants, sponsoring agents, sponsors, advertisers and owners and lessors of the premises used to conduct any event, all of whom are hereinafter referred to as "Releasees", from any and all liability, rights, claims and/or actions which I and/or the above named player, his or her heirs and next of kin may hereinafter have, for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise arising out of the aforementioned Summer Traveling Tennis Program.

I understand that in case of a medical emergency, every reasonable attempt will be made to contact the parent(s)/guardian(s) of the above named player. If, however, I/we cannot be contacted and a medical emergency arises, I/we by affixing my/our signature(s) to this form give permission for my/our child to receive all necessary emergency medical care.

I/WE HAVE READ THE ABOVE PERMISSION FORM AND WAIVER AND RELEASE FROM LIABILITY AND UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(Signature of Minor Participant)

(Date)

(Signature of Minor Participant's Parent(s)/or Guardian(s))

(Date)

(Address)

(Telephone)

(Place of Employment, if applicable)

(Telephone)