ADULT CONSENT AND RELEASE AGREEMENT

Name of Camp/Clinic_____
Name: _____ Birth date: _____
Address:_____ Cell phone:_____
Emergency Contact: Name: _____

ACKNOWLEDGEMENT OF RISK AND AGREEMENT: I consent to my participation in this Camp/clinic. I understand that participating in a camp/clinic involves some risks, including the possibility of damage to my property or serious injury. I agree, to assume all the risks in connection with my participation in the Camp. I agree to follow relevant directions, rules, and policies and will obey directions.

HEALTH AND SAFETY: I know of no health-related reasons or problems which preclude or restrict me from participating in the Camp/clinic
.
RELEASE OF LIABILITY: I agree TO RELEASE Kahan Tennis Academy LLC, its employees, volunteers, and representatives from any and all liabilities and claims whatsoever arising out of, or in connection with, my participation in the Camp, even those that may have been caused by the ordinary negligence of Kahan Tennis Academy LLC.

ACKNOWLEDGEMENT: By reading and signing this legally binding document, I know I am voluntarily waiving the right to sue Kahan Tennis Academy LLC if I am injured through participating in this Program. In the event of my incapacity or death, this agreement binds my heirs, executors, administrators, and representatives.

Date: _____

Signature: _____

Printed name: _____

PARENTAL/GUARDIAN CONSENT AND RELEASE AGREEMENT

Name of Camp_____

Child: Name: _____ Birth date: _____

Address:_____ Cell phone:_____

Emergency Contact Name + number to reach during camp_____

Second contact name + number to reach during camp_____

ACKNOWLEDGEMENT OF RISK AND AGREEMENT: I consent to my child's participation in this Camp. I understand that going away to camp involves some risks, including the possibility of damage to my child's property or serious injury to my child. I agree, on behalf of myself and my child, to assume all the risks in connection with my child's participation in the Camp. I agree that my child will follow relevant directions, rules, and policies and will obey directions.

HEALTH AND SAFETY: I know of no health-related reasons or problems which preclude or restrict my child from participating in the Camp.

RELEASE OF LIABILITY: I agree TO RELEASE Kahan Tennis Academy LLC, its employees, volunteers, and representatives from any and all liabilities and claims whatsoever arising out of, or in connection with, my child's attendance and participation in the Camp, even those that may have been caused by the ordinary negligence of Kahan Tennis Academy LLC.

ACKNOWLEDGEMENT: By reading and signing this legally binding document, I know I am voluntarily waiving the right to sue Kahan Tennis Academy LLC if my child is injured which participating in this Program. In the event of my incapacity or death, this agreement binds my heirs, executors, administrators, and representatives.

Date: _____

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____