



Youth Tennis Waiver Form

Please note: A completed waiver form MUST be on file before any child can participate.

Child's Name: _____

Date of Birth: _____ Female _____ Male _____

Home Address: _____

Mother's Info: Name _____

Contact Number _____

Email _____

Father's Info: Name _____

Contact Number _____

Email _____

Emergency Contact Name & Number _____

I/WE (hereinafter referred to as "Releasor") hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE T Bar M Racquet Club and any and all officers, directors, shareholders, employees, representatives, agents, principals and/or assigns, and any other related companies, including but not limited to any and all successors and assigns of any such individual and/or entity (hereinafter collectively referred to as "Releasee"), from any and all liability(ies), claim(s), demand(s), damage(s), action(s), causes(s), of action, in any matter whatsoever, whether in law or in equity, arising out of or in any way related to any and all loss(es), damages(s), and /or injury(ies), including but not limited to, death or disability, that may be sustained by my child/ward, [INSERT CHILD'S NAME] _____, whether caused by any act or omission or the negligence of the Releasee, or otherwise, while participating in, engaging in, or merely being present during, any and all athletic, tennis, swim and/or camp related activities, including but not limited to, travel, tournaments, camps, classes, or while in or upon the premises of T Bar M Racquet Club, where such activity(ies) is/are being conducted or will be conducted, and/or travel to and/or from the premises or other locations, and for the duration of such travel for tournaments and/or other activities. Releasor acknowledges and agrees that Releasee will suffer irreparable harm in the event Releasor breaches the aforesaid covenant and agreement not to sue, and that monetary damages would be insufficient to remedy the breach and, accordingly, that this covenant not to sue shall be specifically enforceable by the Releasor by injunction against Releasee. In the event that Releasee has to move to enjoin or dismiss any action filed in spite of this covenant and agreement not to sue, Releasor will be liable for the attorney's fees and costs incurred in doing so.

I/WE HEREBY AGREE THAT I HAVE READ THE ABOVE DISCLAIMER AND THAT I AM THE CHILD'S PARENT OR LEGAL GUARDIAN, AND I AGREE TO THE ABOVE TERMS AND CONDITIONS VOLUNTARILY AND WITHOUT RESERVATION.

Signature of Parent or Guardian: _____ Date: _____



Medical Treatment Authorization Form

Please note: A completed Medical Treatment Form MUST be on file before any child can participate.

This form grants temporary authority to a designated adult(s) to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to the trip leader or shown to the trip leader and then carried by the designated adult.

Minor Full Legal Name: _____ Home Address: _____

_____ Date of

Birth: _____ Gender: Female _____ Male _____ Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____ Allergies to Medications:

_____ Allergies (Other): _____

_____ Please note all conditions for which the child is currently receiving treatment:

_____ Note any other significant medical information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: _____

Signed this _____ day of _____, 20____.

Parent/Legal Guardian Signature: _____

Printed Name: _____

Witness Signature: _____

Printed Name: _____