

SKIP JACKSON TENNIS INC
at South Olive Tennis

Youth and Adult Waiver of Liability and Publicity Use

Name of Participant _____

Parent or Legal Guardian Name
if Participant is under age 18 _____

Address _____

Home/Cell Phone _____ Emergency Phone _____

Date of Birth _____ Email _____
(if under age 18)

WAIVER:

I, for myself, my heirs, next of kin, my executors, and my administrators, hereby waive, release, and discharge to the fullest extent permitted by law, any and all rights, claims, and/or causes of action I may have or hereafter acquire against Skip Jackson Tennis Inc., South Olive Tennis Center & The City of West Palm Beach (hereinafter collectively referred to as "the Tennis Center"), its owners, representatives (including Tennis Pros), successors, and assigns, and/or its event sponsors, owners of event premises, licensees, and/or licensors for any and all losses, damages, and/or injuries (actual and/or consequential) which may be suffered by me, my family, and/or my guests arising out of or in any way related to:

- The use of any equipment, activity, lessons, programs, leagues, tournaments, and/or special events.
- Claims of personal injury or death from participating in or attending any such activity.
- Loss of personal property by theft or otherwise during said activity.
- Any publicity related to any event.
- Any prizes awarded.
- Loss of collegiate or high school eligibility as a result of participation in any event.

I acknowledge the possible risks inherent in the activities provided by the Tennis Center and understand that the Tennis Center does not provide medical insurance covering injuries of any nature incurred in any activity and/or event.

ASSUMPTION OF RISK

I hereby assume full responsibility for any and all risk of bodily injury, death, or property damage due to the negligence of the event organizers or otherwise, participating in or observing any and all Tennis Center activities.

PUBLICITY

I consent to the use without compensation, of my name and/or likeness, biographical material, and/or voice in publicity and advertising concerning any and all Tennis Center activities and by sponsors of any event and/or their promotion by way of any media throughout the world.

FOR USE WHEN MINORS ARE INVOLVED

I understand that every precaution will be taken to protect the safety of each participant in this program. However, I also understand that I am responsible for all personal medical insurance on the above-named child (hereinafter "the child") and that I will be responsible for any medical costs incurred as a result of the child's participation in this program. I agree to assume full risk for any and all activities in which the child may participate and I hereby waive, relinquish, and release any and all claims which I and/or the child may have or obtain against Skip Jackson Tennis Inc., South Olive Tennis Center, or The City of West Palm Beach, or any of its owners, officers, agents, servants, employees, associates, affiliates as a result of injury which I and/or the child may sustain in any activity associated with the Tennis Center. I voluntarily accept this risk and agree that the Tennis Center will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss, or any other damages. If there is any claim by anyone based on injury, loss, or damage described herein, which involves me or the child, I agree to defend and indemnify the Tennis Center against such claims and reimburse the Tennis Center for any and all expenses relating to said claim. In case of a medical emergency, I authorize the Tennis Center to arrange for emergency medical treatment of the child.

I understand and agree that typing my name below is just as valid as my original ink signature.

Participant's Signature _____ Date _____
(Parent or legal guardian if under 18 years of age)