



WALDWICK SUMMER TENNIS

Participant Waiver and Consent

Participant Last Name: _____ Participant First Name: _____

Date of Birth ____/____/____	Grade _____	Age _____
Address		
Home phone #:		
Parent/Guardian Name		Cell #:
Email:		
Parent/Guardian Name		Cell #:
Email:		

MEDICAL RELEASE & EMERGENCY CONTACT INFORMATION

In case of an emergency, I, _____, hereby grant permission to any team manager or coach to have listed participant taken to a hospital in the area for emergency treatment.

Parent/Guardian Name	Date
Signature	
Allergies	
Other pertinent information or health concerns	

Emergency Notification

Alternate person (relative/neighbor) in case Parent/Guardian cannot be contacted immediately.

Name	Phone #
Relationship	

By signing this Waiver and Consent, I understand and acknowledge the following with respect to myself and/or my Child’s participation in the foregoing Event:

- I assume all risk to myself and/or my Child, in participating in the above activity (hereinafter the “Activity”)
- I understand and acknowledge the Activity poses the risk of personal injury and that I undertake and assume the risk for myself and/or my Child
- I waive and release the Borough of Waldwick and its respective officials, employees, volunteers, representatives and agents (collectively, the “Entitles”) from any and all liability for any injury or disability that may occur as a result of my and/or my Child’s participation in the Activity.
- I represent that I and/or my Child are physically fit and sufficiently prepared for participation in the activity and that I am not aware of any health-related reasons or issues that would preclude my and/or my Child’s participation in the activity.
- Neither I nor my Child have been advised by any health professional to the contrary, that would limit my Child or myself from participating in the aforementioned Activity.

I agree to hold harmless and indemnify the Borough of Waldwick from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any injuries or damages sustained by myself or my Child arising during the course of Participation in the Activity.

I certify that I have read this document, and I fully understand its contents. I am aware that by signing this Waiver and Consent, I am assuming any risk associated with participation in the Activity and that I am releasing and indemnifying the Entities from any and all liability related to or arising from my participation in the Activity. I am signing this Waiver and Consent of my own free will.

THIS RELEASE IS EFFECTIVE FOR THE DURATION OF THE EVENT/ PROGRAM FROM THE DATE I EXECUTE THIS PERMISSION SLIP.

PRINT NAME

SIGNATURE

DATE