

Delray Tennis Junior Program Player Waiver

Delray Tennis Junior Programming will demand more instruction and young people listening and following safety guidelines while practicing common sense. I have read and understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

REPRESENTATIVE, BY SIGNING BELOW, CERTIFIES THAT REPRESENTATIVE FULLY UNDERSTANDS THAT THIS RELEASE WILL PROVIDE AN ABSOLUTE DEFENSE TO ANY LAWSUIT OR CLAIM AGAINST THE DELRAY JUNIOR TENNIS PROGRAM COACHES & STAFF FOR ANY INJURIES OR DAMAGES THAT REPRESENTATIVE OR PARTICIPANT MAY INCUR BY REASON OF THE PARTICIPANT'S PARTICIPATION IN THE PHYSICAL ACTIVITIES.

Delray Junior Program & Camps, the parent of players or guest agrees Delray Junior Program has the right to: copyright the Photographs, Video or Testimonials in any name they may choose; use, reuse, reformat, cut, trim, modify, publish, and republish the Photographs & Video's and/or testimonials, in whole or in part, individually or in conjunction with other photographs and/or testimonials, including, but not limited to, Delray Junior Program Instagram and/or its affiliates website(s) or publications, including, but not limited to, electronic format and for any purpose whatsoever, including, but not limited to, illustrations, and promotions.

I recognize and acknowledge that there are certain risks of physical injury and/or illness to participants in these programs - of severity, that my minor/child/ward or I may sustain as a result of participation I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity! I agree to waive and relinquish all claims against Delray staff, coaches and employees. I do hereby fully release and forever discharge Delray Tennis Junior programs from any and all claims of injuries, illness, damage, or loss connected with, or in any way associated with these programs/activities.

PARENT / PLAYER & GUEST HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND INDEMNIFICATION AGREEMENT.

Parent/Guardian Signature: _____

PLAYERS Printed Name: _____ AGE _____

Emergency Phone & Email _____

Players Birthday ____ / ____ / ____