



PARTICIPANT RELEASE FORM

Child's First & Last Name: _____

Date of Birth: (dd/mm/yr) _____

Address: _____ Postal Code: _____

Parent/Guardian: _____

Home #: _____ Cell #: _____

EMAIL: _____

In signing this release, I acknowledge that I understand the intent and effect of this release, and hereby fully agree and absolve and hold harmless the Society for Kids at Tennis, its corporate sponsors, cooperating organizations and any other parties connected with the Society for Kids at Tennis and any of its tennis programs or events, singly or collectively, from and against any and all blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of the participation of (child's name) _____ in the tennis program(s) operated by the Society for Kids at Tennis or any activities associated therewith, including for greater certainty any field trips to professional tennis tournaments in the Victoria area.

I hereby consent to and permit emergency treatment of (child's name) _____ in the event of illness or injury.

I also give full permission for the use of the name and or photo of (child's name) _____ in connection with his/her participation with the Society for Kids at Tennis and to release this information to a third party for funding purposes only.

Date

Parent/Guardian Signature