

**RELEASE, ASSUMPTION OF THE RISK, AND WAIVER OF LIABILITY**

**As the parent or legal guardian of** \_\_\_\_\_ (participant name), I give my consent for him/her to participate in the \_\_\_\_\_ (“Activity”) to be conducted at \_\_\_\_\_ (location) on \_\_\_\_\_ (date). I understand that participation in Tennis and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child’s participating in the Activity. I further acknowledge that my minor child is qualified, in good health and in proper physical condition to participate in the Activity.

I further acknowledge that I agree to provide health insurance for my minor child and will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the Activity and while traveling to and from the site for the Activity.

I further acknowledge and authorize \_\_\_\_\_ or \_\_\_\_\_ to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child’s treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this Activity shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child’s participation in the Activity, I, acting as parent or legal guardian, agree to release and hold harmless \_\_\_\_\_ and \_\_\_\_\_ from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney’s fees and costs) arising out of or in connection with the Activity, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the Activity, and while traveling to and from the Activity. In addition, I acknowledge and agree that \_\_\_\_\_ and \_\_\_\_\_ are acting in their personal capacity regarding my child’s participation in the Activity and not in their capacity as employees at Jayhawk Tennis Center. I therefore agree to release and hold harmless Jayhawk Tennis Center and Kansas Athletics, Inc. from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney’s fees and costs) arising out of or in connection with the Activity, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the Activity, and while traveling to and from the Activity.

I acknowledge that I have read this Release, Assumption of the Risk and Waiver of Liability in its entirety and fully understand its contents. I am aware that this document contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
date

Parent/Guardian Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

(parent/guardian please fill out)

SUBSCRIBER: \_\_\_\_\_  
 RELATIONSHIP TO CAMPER: \_\_\_\_\_  
 SUBSCRIBER'S DATE OF BIRTH \_\_\_\_\_  
 SUBSCRIBER'S EMPLOYER: \_\_\_\_\_  
 NAME OF INSURANCE  
 COMPANY: \_\_\_\_\_  
 CLAIMS MAILING  
 ADDRESS: \_\_\_\_\_  
 POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

I hereby certify that the answers provided are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHYSICAL, DIETARY, or MEDICAL RESTRICTIONS**

(parent/guardian please fill out)

Does the participant have any physical, dietary (food allergies) or medical restrictions for which special accommodations should be made?

\_\_\_\_ No, my child/ward is free of restrictions

\_\_\_\_ Yes, my child/ward has the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_

**TRAVEL AUTHORIZATION**

I, \_\_\_\_\_, request that \_\_\_\_\_ (acting in his individual capacity since this Activity is not a sanctioned Activity of Jayhawk Tennis Center) provide transportation to and from \_\_\_\_\_ (location of Activity) on \_\_\_\_\_ (dates) for my minor child, \_\_\_\_\_.

I hereby acknowledge that this Travel Authorization is undertaken voluntarily and that I, my heirs, executors and assigns, agree to indemnify, release, and discharge \_\_\_\_\_ (driver) in his individual capacity, as well as Jayhawk Tennis Center and Kansas Athletics, Inc. their coaches, employees and agents for any and all rights or causes of action whatsoever, either in law or in equity, arising from or by reason of any bodily and/or personal injury, or damage to property, or otherwise, sustained by my minor child directly or indirectly arising from participating in travel to and/or from the Activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date