

CLINIC: _____

Permission for Child to Participate in Activity

Please list on the back of this form, all physical, mental and special needs that your child has. This information is to be used by outside emergency personnel.

TO: LUDLOW TENNIS CLUB, INC.

IN CONSIDERATION OF the Child named below (the "Child") being permitted to participate in the Activity, the undersigned, parent or legal guardian of the Child, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Gives permission for the Child to participate in the Activity and assumes all risk of injury or harm to the Child associated with such participation.
2. Releases and forever discharges the Organizer and its staff, employees, agents, representatives, successors and assigns (collectively the "Releases") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child, however caused, arising or to arise by reason of or during the Child's participation in the Activity, whether prior to, during or subsequent thereto and notwithstanding that any Claim may have been contributed to or occasioned by the the negligence of any of the Releases.
3. Understand and acknowledge that the Organizer does not carry or maintain health, medical or disability insurance coverage for the Child and therefore agrees to assume responsibility for such insurance coverage of the Child.
4. The Child understands and agrees to abide at all times and conduct themselves as required by the Ludlow Tennis Club, Inc. Code of Conduct.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

Name of Child

Signature of Parent or Guardian

Date

Name of Parent or Guardian

Alternate Contact in Case of Emergency

Address of Parent or Guardian

Address of Contact

Telephone Number of Parent or Guardian

Telephone Number of Contact