

Soar Tennis Academy General Liability Release, Medial Release & Photo Agreement

All participants and Parent/Guardians when participant is under 18 must fill out individually BEFORE 1st Drill

I, _____, desire to participate in various tennis programs, events or activities (hereafter collectively referred to as the "Activities") operated or sponsored by Soar Tennis Academy LLC (hereafter collectively referred to as "Soar Tennis" or "STA").

I understand and acknowledge that *Soar Tennis* will not allow me to participate in the Activities without my releasing and holding *Soar Tennis* harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the Activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience among other things; personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction, or even death.

I REQUEST THAT *SOAR TENNIS* ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF I AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE *SOAR TENNIS*, ITS OFFICERS AND DIRECTORS, ITS EMPLOYEES, COACHES, AGENTS, AND PARTIES VOLUNTEERING ON BEHALF OF *SOAR TENNIS*, AS WELL AS THE HOST TENNIS COURTS FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH I PARTICIPATE. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF MY PARTICIPATION IN ANY ACTIVITIES, REGARDLESS OF THE CAUSE THEREOF.

This agreement is binding on my heirs, successors, and personal representatives.

Dated: _____ Print Name & Sign: _____
(Participant)

Dated: _____ Print Name & Sign: _____
(Parent / Guardian)

Medical Treatment Authorization and Power of Attorney

In the event I suffer an injury or condition during my participation in the Activities, including transportation to and from the Activities, which may endanger my life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed and as the result of which I am unable, in the opinion of my *Soar Tennis* coach, acting as an agent of *STA* to make an informed decision regarding such treatment, after said leader has made every reasonable effort to call my emergency contacts, I hereby appoint my *Soar Tennis* coach, acting as an agent of *STA* to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care. This power of attorney shall terminate when, in the opinion of my attending physicians, I am competent to make informed decisions regarding the need for medical treatment.

Dated: _____ Print Name & Sign: _____
(Participant)

Dated: _____ Print Name & Sign: _____
(Parent / Guardian)

Permission to Use Photograph and/or Video

I grant to *Soar Tennis* its representatives and employees, the right to take photographs and video of me in connection with *STA* Activities. I authorize *Soar Tennis* its assigns and transferees to copyright, use and publish the same in print and/or electronic format for the purpose of publicity, illustration, advertising, and Web content.

Dated: _____ Print Name & Sign: _____
(Participant)

Dated: _____ Print Name & Sign: _____
(Parent / Guardian)