

# HOUSTON TENNIS ACADEMY<sup>®</sup>

## LIABILITY/MEDICAL RELEASE FORM

No application will be accepted without the LIABILITY/MEDICAL RELEASE FORM signed and returned with the application.

Mr. & Mrs. \_\_\_\_\_ the parent(s) of \_\_\_\_\_ (child), do hereby release and discharge European Tennis Academy Inc. (DBA Houston Tennis Academy) and its affiliates, employees and agents, from all liability for all claims and demands, known and unknown, arising from my child's participation in the 2010 Houston Tennis Academy Program.

I acknowledge that my child is healthy and fit to participate in the 2010 Houston Tennis Academy Program and by signing, I give up all rights to sue European Tennis Academy Inc. (DBA Houston Tennis Academy) and its staff or to otherwise recover from any claims against these entities and individuals in connection with my child's participation in the Houston Tennis Academy program.

By signing this Release, I acknowledge and agree that I have read the entire Release and understand the terms included in it.

Signature by Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

#1 Emergency Contact & Number: \_\_\_\_\_ / \_\_\_\_\_

#2 Emergency Contact & Number: \_\_\_\_\_ / \_\_\_\_\_

#3 Emergency Contact & Number: \_\_\_\_\_ / \_\_\_\_\_

Please indicate any special instructions or information we should know about your child (including, but not limited to: known allergies, medical conditions, medications):

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