ACKNOWLEDGEMENT, RELEASE AND WAIVER FORM (*MINOR*)

Name of Program:

To be Held at:

Date of Program:

I am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*please print)* (the “Participant”), who desires to attend at and participate in the Program. On behalf of the Participant, myself, the Participant’s parent(s) or guardian(s), heir(s), estate, insurers, assigns and anyone else who may make any claim for or on behalf of the Participant, I hereby irrevocably and unconditionally:

1. represent and warrant that the Participant is in good health and physical condition and can participate in the Program, and acknowledge and understand that participation in and attendance at the Program involves certain risks and dangers of accidents, serious personal and bodily injury, and property loss or damage either specifically as a result of participation in the Program or generally in connection with the Participant’s engagement in the Program. I understand, have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks;

1. Grant Gauntlet Road Tennis Inc. (“Gauntlet”) the non-exclusive right to tape, photograph, film, record my actions, voice, conversation and sounds (the “Recording”), and to exploit/exhibit, use, distribute, advertise, publicize, and promote the Recording on Gauntlet’s website(s), social media account(s), and in any manner and media of communication, now known or hereinafter devised, throughout the world, in perpetuity. I further agree to waive any “moral rights” in and to the Recording;
2. fully and forever release, discharge and indemnify Gauntlet, its directors, officers, shareholders, employees, contractors, staff, coaches, agents, assigns, successors (collectively, the “Released Parties”) of and from any and all causes of action, lawsuits, losses, damages, injuries occurring, claims, demands, sums, costs, expenses (including legal fees), directly or indirectly arising out of or in connection with the Program, including, without limitation, participation of the Participant in the Program;
3. understand that the Released Parties do not provide any insurance, either life, medical or liability, for any illness, accident, injury, loss, or damage that may arise in connection with Participant’s participation in and attendance at the Program. If I want insurance of any kind on behalf of the Participant, I must obtain my own; and
4. agree that, in the event that I cannot be reached in a medical emergency, I hereby authorize and permit the Released Parties and Program personnel to administer first aid to the Participant, and to authorize such other medical treatment and transportation as may be recommended by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant.

I HAVE READ THIS ACKNOWLEDGEMENT, RELEASE AND WAIVER FORM CAREFULLY. I FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS.

Printed Name: Signature:

Date: