



Activity Release Form

Please return completed release form to activity host prior to participation.

Participant's Name: _____ Parents' Names: _____

Phone # (H): _____ (C): _____ Emergency #: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Activity Date: _____ Type of Activity: _____

Release

I, as a participant or parent or legal guardian of the above named child, hereby give permission for his/her/ my participation in the above listed activity (ies). I further authorize without my prior approval the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity (ies).

In consideration of the permission granted to me or the above named child to participate in the activity (ies) listed above, I do hereby agree, on my own behalf as the participant or, if the parent or legal guardian, on my own behalf and on behalf of the above named child, to release Passion Tennis and its officials, administrators, employees, agents, representatives, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above named child may have against Passion Programs Inc. or the above listed parties for any injuries, know or unknown, which are incurred by, arise from, or in any way relate to my or the above named child's participation in the activity (ies) described above.

Passion Tennis, is not responsible for lost or stolen items.

I represent that I am the parent or legal guardian of this child or that I have the permission from the child's parent or legal guardian to enroll the child into this activity.

I have read this release and fully understand it terms. I execute the release voluntarily and with full knowledge of its significance and consequences.

Participant/Parent/Guardian Signature

Date

Publicity Permit

Throughout the Passion Tennis program classes and events, we are asked to take part in local publicity releases by way of newspaper articles, websites, Instagram, Facebook, television and or video. If you do, or do not, want your child's picture or name to be used in such publicity releases, indicate below.

_____ I see no objection to my child having his or her picture and/ or name used in connection with the public relations program of Passion Tennis

_____ I object to my child having his or her picture and/ or name used in connection with the public relations program of Passion Tennis

Participant/Parent/Guardian Signature

Date

The mission of Passion Tennis, is to create fun and happiness through high quality coaching that empowers all generations to achieve goals and reach their fullest potential in sports and life in a PASSIONATE, positive, high-energy environment.

