

South Bend Racquet Club

4122 Hickory Rd., Mishawaka, IN 46545

Ph: 574-277-1000, email: sbrc@michianatennis.com

Junior Registration & Waiver Form

Participant Name _____ Birthdate _____ M/F _____

School _____ Grade _____ Class Level _____ Start Date _____

Parents Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Emergency Contact Name _____ Emergency Number _____

Please list any medical concerns/Allergies _____

Permission granted to publish pictures taken of participant? Yes/No (circle) _____ (parents initials)

Participant Liability Waiver and Hold Harmless Agreement

As a participant in the programs of EKM Sports, Inc./South Bend Racquet Club, or as a parent or legal guardian of the participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries which I may sustain as a result of participating in any and all activities and programs of EKM Sports, Inc./South Bend Racquet Club. I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities and programs of EKM Sports, Inc./South Bend Racquet Club. I do hereby fully release and discharge the EKM Sports, Inc./South Bend Racquet Club and its officers, agents and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have, or which may occur on account of participation in any program. I further agree to indemnify, hold harmless and defend the EKM Sports, Inc./South Bend Racquet Club and its officers, agents and employees from any and all claims from injuries, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities and programs of EKM Sports, Inc./South Bend Racquet Club. In the event of emergency, I authorize EKM Sports, Inc./South Bend Racquet Club to secure from any licensed hospital, physician and or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care & agree that I will be responsible for payment of any and all medical services rendered. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created directly or indirectly by any such condition. I agree I will be responsible for payment of any program or other costs incurred by me or my minor child/ward.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Parent/Guardian Signature (signed with ink, not typed) _____ Date _____