YOUTH TENNIS PROGRAM WAIVER AGREEMENT

In consideration of being permitted to participate in any way in the 2010 Olney City Park Summer Tennis Program (***OCPSTP***) I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue OCPSTP, its officers, employees, and agents from liability from any and all claims including the negligence of OCPSTP, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in OCPSTP.

Assumption of Risk: Participation in OCPSTP carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruised, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in OCPSTP. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless OCPSTP from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorneys fees) and cost which may arise by reason of participation in OCPSTP. (OCPSTP does not provide any insurance for program participants).

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT: I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury.
I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in OCPSTP.

I am the parent/guardian of the minor _____ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____ _____ _____
Parent/Guardian Printed Name Signature Date

Please return this signed form and send payment to:

Darrel Snively, PO BOX 695, Olney IL 62450

OR

E-mail the Registration Form's basic information to Darrel's e-mail address:

darreluss@yahoo.com

You can pay and sign the waiver later!

DEADLINE FOR REGISTRATION AND PREPAYMENT FOR SESSION I : FRIDAY, JUNE 4th
DEADLINE FOR REGISTRATION AND PREPAYMENT FOR SESSION II : FRIDAY, JULY 2nd

Make all checks payable to: **Darrel Snively**

QUESTIONS?? – PHONE 618-838-TNIS (8647) or Check Out www.darrelsnively.com

**********RGISTRATION USE ONLY**********

AMOUNT PAID $ _____

Date _____ Amount Pd. _____ Check # _____ Cash _____