## Plano Performance Tennis - Program Registration - Minor

Player's Name:
Address:
Parent/Legal Guardian:
Phone Number 1:
Phone Number 2:
Email 1:
Email 2:
Programs Registering for:
(For example: if signing up for Fall 2011 Monday and Wednesday Pre Comp write Fall 2011 - Mon PC, Wed PC)  ASSUMPTION OF RISK AND RELEASE AGREEMENT  Assumption of Risk: As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the facilities and/or equipment contain dangers and can cause serious injury or death. I and participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Plano Performance Tennis's negligence, design of the facility and/or equipment, or from any third party.  Release and Indemnity: In exchange allowing participant to participate in the Activity, I and participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release, hold harmless, and indemnify Plano Performance Tennis and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Activity that may result from Plano Performance Tennis's negligence, design of the facility and/or equipment, or from any third party, whether on or off the premises and including any transportation.  BY SIGNING BELOWI, CERTIFY THAT I FULLY UNDERSTAND THAT THIS RELEASE WILL PROVIDE AN ABSOLUTE DEFENSE TO ANY LAWSUIT OR CLAIM AGAINST PLANO PERFORMANCE TENNIS FOR ANY INJURIES OR DAMAGE THAT I AND PARTICIPANT MAY INCUR BY REASON OF PARTICIPATION IN THE ACTIVITY.  Property Loss: All personal property brought to the activity is brought at the sole risk of the participant as to its theft, damage, or loss.  Medical. I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as Plano Performanc

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_Date: \_\_\_\_\_