

Quick Start Tennis Clinic

April 2022 – May 2022

RELEASE & PARENTAL CONSENT

I _____ (*parent/legal guardian*) allow my child _____ (*child's name*) ("Participant") to participate in the Quick Start Tennis Clinic (the "Event"), conducted by the Frankfort Parks Recreation and Historic Sites Department and Franklin County High School and their agents (collectively "Sponsors"). In exchange, I and my heirs, estate, insurers, and assigns fully release Sponsors and/or their directors, officers, employees, subsidiaries, and any and all affiliated companies from any damages, injuries (including death), lawsuits, expenses (including attorney fees), and any other liability, of or to me or any other person, in connection with my participation in the Event and grant Sponsors the worldwide right, in perpetuity, without compensation, to use my likeness for any purpose. **I HAVE READ THIS CAREFULLY, FULLY UNDERSTAND IT AND VOLUNTARILY AGREE TO THE ITS TERMS.**

I _____ (*parent/legal guardian*) am the parent/legal guardian of _____ (*child's name*) the Participant. On behalf of the Participant, Participant's parent(s) or guardian(s), heir(s), estate, insurer(s), assign(s), and anyone else who make claim for or on their behalf of Participant, I hereby agree: (1) to all of and will cause Participants to comply with, the above terms; (2) to hold harmless, indemnify, and reimburse Sponsors from and for any sums or expenses (including attorney fees) incurred or paid by Sponsors to any person in conjunction with any loss, damage or injury (including death) arising out of Participant's participation in the Event. **I HAVE READ THIS CAREFULLY, FULLY UNDERSTAND IT AND VOLUNTARILY AGREE TO THE ITS TERMS.**

Date: _____

Printed Name: _____ (*child*)
"Participant"

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Email Address: _____

Phone Number: _____