



Waiver, Release, and Medical Form

Participant and/or Participant's parent/guardian hereby agrees to this Waiver and Release as a condition of Participant's participation in Team Idaho ("TI") training sessions, activities, or any event relating to TI, including any travel in connection with TI. Participant and/or Participant's parent/guardian also hereby releases, discharges, and holds harmless TI, TI Committee Members, the Idaho Tennis Association, the Treasure Valley Tennis Association, and each of their respective affiliates, officers, directors, agents, employees, volunteers, representatives, sponsors, and assigns (collectively, the "Releasees") from and against any and all claims, demands, damages, causes of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of Participant's participation on TI, and Participant does hereby covenant and agree that s/he will not sue or otherwise make any claim against Releasees for any reason.

Consent to Medical Treatment and Release:

Participant and Participant's parent/guardian need to be aware that sports activities involve the risk of injury. When an athlete practices, plays, or participates in any sport, the activity can be dangerous. Instruction given by coaches regarding playing techniques, training, and team rules must be followed.

Participant and/or Participant's parent/guardian certifies that Participant has no health conditions or defects that would prevent his/her participation on TI. Participant and/or Participant's parent/guardian also consents that the Releasees may, but have no duty, to provide Participant, through personnel of their choice, assistance, transportation, and/or emergency medical services in the event Participant sustains any injury while participating in TI activities. Recognizing that as a result of TI participation, medical treatment on an emergency basis may be necessary and that TI personnel may be unable to contact Participant's parent/guardian for his/her consent for emergency medical care, Participant's parent/guardian hereby consents in advance to such emergency medical care, including tests, X-rays, and/or hospital care as may be deemed necessary under the then existing circumstances. Participant's parent/guardian further understands that s/he will be responsible for payment of any medical care and/or medical expenses if Participant is injured and subsequently treated while participating in TI activities.

Participant's preferred hospital and insurance coverage relating to Participant is delineated below:

Participant's Preferred Hospital: _____

Parent/Guardian Insurance Information: _____

Agreed to and Accepted:

I hereby represent that if this form is not signed by my parent or guardian, I am eighteen (18) years of age or older.

Participant's Name (print): _____

Participant's Signature: _____ Date: _____

The following must be completed if Participant is under 18 years old:

In consideration of Participant's participation on TI, I, by my signature below, and in my capacity as Participant's parent or legal guardian, hereby (a) give permission for Participant, who is my child or ward, to participate voluntarily on TI; and (b) acknowledge and agree to all of the terms set forth in this Waiver and Release Form.

Parent's/Guardian's Name (print): _____

Parent's/Guardian's Signature: _____ Date: _____