

LIABILITY RELEASE AGREEMENT

This is a legally binding Liability Release Agreement.

I, the undersigned, agree Not to Sue, Accept Assumption of Risk, Indemnity and Hold Harmless Agreement("Release") executed by (enter your name)_____ ("Athlete") and (if Athlete is less than eighteen (18) years of age) by Athlete's Parent(s)/Guardian(s) for the benefit of Grand Slam Tournaments ("Clinic").

In consideration of the Athlete being permitted to participate in the Clinic, the Athlete and Parent(s)/Guardian(s) do hereby release, forever discharge, covenant not to sue and agree to hold harmless and indemnify, the Clinic, and their respective governing board members, officers, agents, employees, staff, coaches, clinicians, representatives employees, related corporations, volunteers, successors (collectively referred to as "Releasees") from and against any and all liability for any and all harm, injuries, damages, claims, demands, actions, causes of action, costs, attorney's fees and expenses of any nature, including, but not limited to, loss of consortium, physical and mental suffering, and death, arising out of or related to any loss, damage, or injury that may be sustained by Athlete or by any property belonging to Athlete or Parent(s)/Guardian(s) that results, directly or indirectly, from Athlete's participation in the Clinic, and even to the extent that Releasees were negligent.

The Athlete and Parent/Guardian sign this Release in full recognition and appreciation of the dangers, hazards and risks associated with participating in the Clinic, which dangers, hazards and risks include, but are not limited to, heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs and teeth; and which could also include serious personal injuries, death or property damage. The Athlete and Parent(s)/Guardian(s) further attest that they have fully discussed and assessed the aforementioned dangers, hazards and risks and agree that they have individually, voluntarily and knowingly assumed the risks associated with participation in this Clinic.

In signing this Release, Athlete and Parent(s)/Guardian(s) acknowledge and represent that they have read and fully understand this Release before signing it, and that they are signing this Release as their own voluntary act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. The Athlete and Parent(s)/Guardian(s) further state that they are fully competent to sign this Release, and that they do so for full, adequate, and complete consideration, fully intending to bind themselves and their respective family members, estates, heirs, administrators, personal representatives, and assigns.

THIS IS A RELEASE OF LEGAL RIGHTS. CAUTION: READ BEFORE SIGNING.

IF CLINIC PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN.

IF CAMP PARTICIPANT IS 18 YEARS OR OLDER, PARTICIPANT MUST SIGN.

Signature: _____

Date: _____

Printed Name: _____

PERTINENT MEDICAL INFORMATION AND CONSENT TO TREAT PARTICIPANT

Participant Name: _____ Date of Birth: _____

Preferred Emergency Contact Phone Number: _____

Please list any chronic medical conditions (Asthma, Diabetes, etc.) or other pertinent medical or psychological history of Participant: _____

Allergies: _____

PERMISSIN TO DISPENSE MEDICATION

PARTICIPANTS AGE 18 OR OLDER (“ADULTS”): Unless a special arrangement is made with Clinic personnel, all adults are personally responsible for administering and maintaining possession of their own medications.

PARTICIPANTS UNDER AGE 18 (“MINORS”): Clinic personnel will not dispense any prescription (antibiotics, Insulin, inhalers, etc.) or nonprescription (Advil, Tylenol, etc.) medications to Minor Participants unless consent has been given by a parent or guardian. The parent/guardian must give the medication directly to the Clinic Director or designated staff member in individual dosage containers or original manufacturer’s/original prescription containers on the first day of Clinic.

The Minor’s Currently Prescribed Medications:

Medication Name	Dosage	Dispense Time	Special Storage or Other Instructions
_____	_____	_____	_____
_____	_____	_____	_____

The Minor’s Non-Prescribed Medication: Where Clinic personnel administer non-prescription medications, the recommended dosage will be adhered to according to the instructions on the container or if not found there, based on manufacturer’s instructions.

Ibuprofen (Advil)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other non-prescription medications which may be administered: _____
Acetaminophen (Tylenol)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Allergies (Benadryl)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

I, the undersigned, hereby authorize such diagnostic, medical and/or surgical treatment of Participant as may be considered necessary or appropriate under the circumstances for the treatment of Participant due to illness, accident or emergency while participating in the Clinic. I hereby give permission to the Clinic staff to secure medical treatment, and/or take any medical actions deemed necessary in the judgment of Clinic staff. I agree to assume sole responsibility for all costs and expenses arising out of said treatment. I certify that the information provided above is a complete and accurate statement of the physical and psychological factors which may affect Participant’s involvement at Clinic. I certify that Participant is physically and psychologically fit to participate in the Clinic, with or without reasonable accommodation. If Participant requires reasonable accommodation to participate in Clinic, I will contact the Clinic Owner prior to the start of Clinic to request and/or make arrangements for such accommodation.

IF CLINIC PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENTS OR GUARDIAN MUST SIGN
IF CAMP PARTICIPANT IS 18 OR OLDER, PARTICIPANT MUST SIGN

Signature: _____ Date: _____

Printed Name: _____