

Idaho Wheelchair Tennis Association



WAIVER

RISK STATEMENT, LIABILITY RELEASE, MEDIA RELEASE, and MEDICAL RELEASE

Participant/Athlete Name: _____

In consideration of and through my involvement in Idaho Wheelchair Tennis Association (IWTA) I grant and acknowledge that I, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant/volunteer to inspect, the facilities and equipment to be used, and if I and/or the minor participant/volunteer believes anything is unsafe, I and/or the minor participant/volunteer will immediately advise his/her coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each participant/volunteer will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death;
4. Release, waive, discharge, and covenant not to sue IWTA its affiliated clubs, their respective administrators, directors, agents, coaches, volunteers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasee," from any and all liability to each of the undersigned, his/her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise. In the event of injury, the participant/volunteer will pay all medical costs. I further release Idaho Wheelchair Tennis Association from any liability related to medical treatment given to me, including, but not limited to, medication.
5. Specifically grant permission to IWTA to use my likeness, voice, and words at any time, in any communications media to promote Idaho Wheelchair Tennis Association activities, including, but not limited to, program, administrative, or fundraising activities, without any compensation to me. If applicable, I also authorize my school, group home, or other organization to release my name, address, and phone number to Idaho Wheelchair Tennis Association, so that I can be kept informed of future IWTA activities.
6. Assume responsibility for all medical costs: insurance, medication, and treatment of any kind. In case of medical emergency, I authorize Idaho Wheelchair Tennis Association to arrange for such medical and hospital treatment as may be needed, and I hold Idaho Wheelchair Tennis Association and its agents harmless and agree to pay for such service as may be needed.

I/We have read the above waiver and release, understand that I/we give up substantial rights by signing it, and sign it voluntarily. **Waiver must be signed before participation in this event sponsored by IWTA**

Participant's/Volunteer's Signature: _____ Date: _____

Participant's/Volunteer's Name (PRINT): _____

Address: _____

City, State ZIP: _____ Phone: _____

PARENT OR GUARDIAN WAIVER *(If participant/volunteer is under 18 and/or has a legal guardian, parent or guardian must complete)*

Participant's/Volunteer's Name (PRINT): _____

Relationship to the Participant/Volunteer: _____

Parent/Guardian's Name (PRINT): _____

Signature: _____ Date: _____

Address: _____

City, State Zip: _____ Phone: _____