



In consideration of being permitted to participate in any way in West Coast Tennis Academy @ Bobby Riggs Tennis Club (WCTA @ BRTC) and Rancho Valencia Resort (Rancho Valencia Junior Program run by West Coast Tennis Academy) I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue WCTA@BRTC & RVRby@WCTA, its officers, employees, and agents from liability from any and all claims including the negligence of WCTA@BRTC & RVRby@WCTA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in WCTA@BRTC & RVRby@WCTA.

Assumption of Risk: Participation in WCTA@BRTC & RVRby@WCTA carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruised, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in WCTA@BRTC & RVRby@WCTA. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify, and hold harmless WCTA@BRTC & RVRby@WCTA from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorney fees) and cost which may arise by reason of participation in WCTA. (WCTA@LCR does not provide any insurance for program participants).

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT: I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in WCTA@LCR.

I am the parent/guardian of the minor _____ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian, Printed Name

Signature

Date

Please return this signed form to West Coast Tennis Academy @ WCTA@BRTC & RVRby@WCTA: via MAIL: PO Box 230132 Encinitas Ca 92023