

Schwartz Tennis Center Junior Tennis Programs
Medical / Liability Waivers
July 1, 2016 - June 30, 2017

Waiver, Release & Indemnity Agreement:

I, the parent and/or legal guardian of the (Minor) (Name) _____ affirm that the minor is participating voluntarily in the Junior Tennis Program (the "Activity"). I acknowledge that the minor participating in the Activity involves certain risks (some of which I may not fully realize or appreciate) and that injuries, death, property damage, or other harm could result to the minor or others. I accept and voluntarily incur, on behalf of the minor, all risks of any injuries, damages, or harm caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, trustees, affiliates, employees, officers, agents, and insurers (together, the "Released Parties")

I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from the minor's participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorney's fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I, on behalf of the minor, (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

I give permission for the Released Parties, and volunteers, as well as any emergency personnel, to make necessary first aid decisions in the event of an accident, injury, or illness the minor may suffer during my participation in the Activity. If the minor needs medical treatment, I shall be financially responsible for any costs incurred as a result of such treatment.

I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily, and I understand it and the legal consequences of signing it, including (a) releasing the Released Parties from all liability, (b) promising not to sue the Released Parties, and (c) assuming all risks of participating in the Activity. I understand that this document is to be governed by and construed as broadly as possible under the laws of the State of Indiana. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Signature of Parent or Legal Guardian

Date

I, the parent and/or legal guardian of the minor listed on the waiver above, understand the nature of the Activity, as well as the minor's experience and capabilities, and I believe the minor to be qualified to participate in the Activity. I allow the minor to participate in the Activity. I hereby acknowledge and agree to each of the provisions set forth in the above document and, on behalf of myself, the above-referenced minor, and any other person(s) claiming by, under or through either one of us, I agree to comply with and be bound by its terms. I understand that I am responsible for the obligations and acts of the minor as described in this document. I execute it voluntarily, and I understand it and the legal consequences of signing it, including (a) releasing the Released Parties from all liability on my and the minor's behalf, (b) promising not to sue the Released Parties on my and the minor's behalf, and (c) assuming all risks of the minor's participation in the Activity. I understand that this document is to be governed by and construed as broadly as possible under the laws of the State of Indiana. I agree that if any portion is held invalid or unenforceable, I and the minor will continue to be bound by the remaining terms.

Signature of Parent or Legal Guardian

Date



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ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO GUARANTEE A PLACE IN THE PROGRAM:

Purdue University Medical Authorization for Treatment Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, St. Elizabeth Hospital East, and Indiana University Health Arnett Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of me (if participant is over 18) or my child (persons under 18), including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided. I also understand that, as a result of my (if participant is over 18) or my child's (persons under 18) participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to me (if participant is over 18) or my child (persons under 18) and I authorize the use and disclosure of medical information to promote a safe and healthy experience for me (if participant is over 18) or my child (persons under 18).

Further, I hereby grant permission for the (Minor) (Name) _____ to attend the Schwartz Tennis Center Junior Tennis Program.

Signature of Parent/Legal Guardian (required if participant is a minor)

Signature of Participant (required if participant is over 18 years of age)

EMERGENCY CONTACT (required)

FIRST CONTACT NAME: _____

RELATIONSHIP TO PARTICIPANT: _____

DAY PHONE: _____ EVENING PHONE: _____

SECOND CONTACT NAME: _____

RELATIONSHIP TO PARTICIPANT: _____

DAY PHONE: _____ EVENING PHONE: _____

SIGNING THIS FORM GIVES PERMISSION FOR USE OF (MINOR) (NAME'S) _____ PHOTO FOR MARKETING PURPOSES. NO NAMES OR ADDRESSES WILL BE RELEASED.

PARENT/LEGAL GUARDIAN SIGNATURE: _____