

Skidmore Tennis Camp

Medical Release Form and Waiver of Liability

I acknowledge that I have voluntarily chosen to participate in the above referenced activity and I have full knowledge of the risks this activity presents, including travel to, participation in and returning from said activity . I understand by being permitted to participate in this activity, I agree to assume any and all risk of injury or death. I further understand and agree to assume responsibility for risk of theft, loss or damage to my personal property which could happen at any time arising out of my participation in this activity.

I understand and agree as a condition of participation in this activity that I will release from liability and will indemnify Stephen Thirolle or any of the teaching professionals of Skidmore Tennis Camp for any damage, injury, or death to myself or any other persons or property that is in any way connected with my participation in this activity. I understand there exist specific hazards associated with this activity, including injury or death, and I accept full responsibility for these hazards.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand this is a release of liability, which could legally prevent me from filing a lawsuit or making any other legal claim for damages in the event of my death or injury. With this knowledge I am entering into this agreement fully and voluntarily. I agree the agreement is binding upon me, my spouse, my heirs, my children including any guardian for the children, my assignees, and legal representatives.

Please indicate any restrictions on your ability to participate in activities: (initial one of the following)

_____ I represent that I am physically fit and have the necessary skills to safely participate in these activities.

_____ I represent that I have restrictions on the following particular activities:

Medical Treatment Consent:

I authorize the Skidmore Tennis Camp and Skidmore College staff to seek medical treatment for myself as they may deem necessary at any medical facility, and I give permission to the doctor or other health professional to provide the medical services he or she deem to be necessary. I will pay for any medical expenses so incurred. I acknowledge that this form also protects the aforementioned Skidmore and Skidmore Tennis Camp staff from any liability that may arise from said injury and/or treatment.

I will notify the Skidmore Tennis Camp if I feel there are any health considerations that would prevent me from participating in any of the activities listed above.

Allergies or health concerns:

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Insurance Company Name:

Policy Number:

Name/phone of your primary care physician: _____.

Name/phone of your dentist: _____.

Name _____.

Address _____

Home Phone _____ Mobile _____ Work _____

Email _____

Signature

Date

Make up policy: There are NO GUARANTEED make-ups for classes missed at Skidmore Tennis Camp. This is a standing lesson and your attendance is expected. We will make every effort to offer a make-up class if you are sick or injured. However, such make-ups are subject to availability and at the sole discretion of Skidmore Tennis Camp.

Rain date: Fridays are reserved days for **INCLEMENT WEATHER** makeups only.

Cancellation Policy: Cancellations before June 15th will be refunded less \$25 cancellation fee. Cancellations after June 15th will be refunded less 50% of your original commitment, ONLY IF THE SPOT IS FILLED WITH A NEW APPLICANT.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THE ABOVE PROVISIONS IN THIS WAIVER AND AGREE TO ABIDE BY THEM.

Signature

Date

