



## RELEASE FORM

### Physical Activity:

It is understood that the student is in overall good physical health. In the event that there is a physical condition that may limit or restrict participation in certain activities, a physician's note granting permission to participate in such activities must be presented prior to the first session.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Medical Authorization:

In an emergency, when I/we cannot be contacted I/we hereby authorize the staff of the Metropolitan Tennis & Education Group to take my/our child to the emergency room of the nearest hospital I/we authorize that the hospital and its medical staff to provide treatment deemed necessary for the well-being of my/our child.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Release:

By signing this document, I agree to hold the Metropolitan Tennis & Education Group harmless for injury or loss that may occur as a result of my participation in Metropolitan Tennis & Education Group programming.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Media:**

I, \_\_\_\_\_, grant permission to Metropolitan Tennis & Education Group, hereinafter known as the “Media” to use my images (videos and/or photographs), for use in Media publications including but not limited to the following: newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, social networking sites, any lawful marketing materials (ex: magazines, general publications, websites and/or affiliates), as well as digital and print communications.

I hereby waive any rights to inspect or approve the finished photographs, videos, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to the royalties or any other compensation arising from the use of the image. This authorization extends to media, formats and markets now known or later developed.

The authorization of this release shall continue indefinitely, unless I otherwise revoke this authorization in writing. I understand and agree that the materials shall become property of the “Media” and will not be returned to me.

**Please initial the paragraph** below which is applicable to your present situation:

\_\_\_\_\_ - **I am 18 or older** and I am content to contract in my own name. I have read this release before signing below, and fully understand the contents, meaning, and impacts of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure will be interpreted as free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ - **I am the parent or guardian** of the below named person. I have read this release before signing below, and fully understand the contents, meaning, and impacts of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure will be interpreted as free and knowledgeable acceptance of this release.

Participant (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date” \_\_\_\_\_