Emergency Medical Release Form

1. In the event of illness or injury, I hereby authorize the staff of BEST Tennis Academy (BTA) to initiate any required medical or first aid procedure, or to obtain emergency medical treatment as deemed necessary including administration of an anesthetic or other medication and surgery, and I hereby assume cost of such treatment.
2. To my knowledge, I do not have any medical or other condition which would prevent me, or my minor child, from participation in the program/activity. I also acknowledge that if I have any reservations or concerns about my, or my minor child's, medical condition, it is my responsibility to consult with the appropriate medical personnel prior to participation in the program/activity.
3. I am providing this authorization in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the BTA staff to give specific consent to the diagnosis, treatment, or hospital care which in the best judgement of a licensed physician is deemed advisable. I understand that every effort will be made to notify the individual indicated as the emergency contact beforehand by telephone.
4. I further agree that the execution of this release shall not constitute a waiver by BTA, its officers, agents, and employees of the defense of governmental immunity, when applicable, or any other defenses recognized by the courts of this State or any Federal court under state or federal law.
5. I acknowledge, acceptance of this release is not to be construed as an admission of any liability whatsoever by BTA, and or any of its officers, agents, and employees. This release and hold harmless agreement shall constitute full and complete release of any and all claims.

I, the undersigned, have carefully read the foregoing release and know and understand the contents thereof. By checking the box below, I sign this release voluntarily as my own free act, with full knowledge of its significance, intending to be legally bound thereby.

_____   _____

Signature of Parent/Guardian   Date