

Activity Waiver

I expressly agree and promise to accept and assume all of the risks existing in the outlined activities. Participation in this activity is purely voluntary, and elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Bemidji Tennis and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers from any and all claims, demands, or causes of action, which are in any way connected with the participation in the activities outlined below. Should Bemidji Tennis or anyone acting on their behalf be required to incur attorneys fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

Bemidji Tennis has put in place preventative measures to reduce the spread of COVID-19; however, Bemidji Tennis cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending this program could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending this program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at this program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Bemidji Tennis employees, volunteers, and program participants and their families.

I certify that I have adequate insurance to cover any injury or damage caused while participating, or else I agree to bear the costs of such injury or damage. I further certify that those participating have no medical or physical conditions which could interfere with their safety in this activity, or else I or the organization am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Participant's Name

Age

Parent/Guardian Signature

Date