

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

(Pima County, Arizona)



In consideration for the Attendee being permitted to participate in the **Wildcat Tennis Camp, LLC** at the University of Arizona in any of the tennis camps do waive and release forever any and all rights for claims and damages I may have against the University of Arizona, its governing board, officers, agents, employees, **Wildcat Tennis Camp, LLC** and coach Maciej Sykut and their staff, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of the University of Arizona, its officers, employees, agents, **Wildcat Tennis Camp, LLC** and/or coaches Maciej Sykut, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the activity occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this activity, due to the physical nature of the activity, including, but not limited to falls, contact with other participants, and being injured by thrown or batted balls. Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I understand that this Activity is neither administered nor sponsored by the University of Arizona and that coaches Maciej Sykut and their staff are providing this instruction or camp outside the scope of his/her employment with the University. I agree to release, hold harmless, and indemnify the University of Arizona, its governing board, its officers, its employees, its agents, **Wildcat Tennis Camp, LLC** and coach Maciej Sykut from any and all claims and liability arising out of this activity.

Printed Name of Attendee _____

Signature of Attendee _____

If attendee is a minor under the age of eighteen, signature of Parent or Guardian is required

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Address _____ City _____ State ____ Zipcode _____

Telephone Number _____

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PHOTO RELEASE:

I hereby grant permission to WILDCAT TENNIS / WILDCAT TENNIS SUMMER CAMPS the right to use, reproduce, and/or distribute photographs, films, videos and sound recordings of my child with ought compensation or approval rights, for use in materials created for purposes of promoting the activities of the WILDCAT TENNIS / WILDCAT TENNIS SUMMER CAMPS

Camper's Name _____

Parent or Gardian _____ Date _____

Medical History Form

(To Be Completed by Parent or Guardian)



CAMPER_____

SCHOOL_____ GRADE_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PARENTS/GUARDIANS NAME_____ PHONE_____

FAMILY PHYSICIAN_____ PHONE_____

Please Answer All Questions

Have you had	Yes	No	Comments
Eye Trouble	_____	_____	_____
Ear, Nose, Throat Trouble	_____	_____	_____
Frequent or Severe Headaches	_____	_____	_____
Stomach or Intestinal Trouble	_____	_____	_____
Kidney or Bladder Disease	_____	_____	_____
Heart Murmur	_____	_____	_____
Infect. Mononucleosis	_____	_____	_____
Anemia, Epilepsy, or Diabetes	_____	_____	_____
Asthma, Hay Fever, or Hives	_____	_____	_____
Injury to Bones or Joints	_____	_____	_____
"Trick" knee, shoulder, etc.	_____	_____	_____

Do you have any condition, or is any drug or other treatment being followed, which should be continued or periodically evaluated? (Give details)

No ☐ Yes ☐ _____

Have you had any drug or other known sensitivity or intolerance? (Give details)

No ☐ Yes ☐ _____

Have you had any illness, injury, or operation or been hospitalized other than as already noted?(Give details)

No ☐ Yes ☐ _____

I certify that the information in this application is correct. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I also understand that my son/daughter must provide her/his own insurance policy protection to cover medical treatment for camp activities.

Parent Signature_____ Date ____ / ____ / ____

MEDICAL RELEASE

(Pima County, Arizona)



HEALTH INSURANCE INFORMATION:

Carrier Name: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Policy Number _____

Medical Release: In case of emergency or illness involving a **WILDCAT TENNIS** Camp participant every effort will be made to contact the child's parent(s) or guardian (s). In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees selected by **WILDCAT TENNIS** to administer outpatient medical, surgical, or dental services as appropriate, or necessary anti-gens or other injections, to perform emergency procedures as necessary, or to refer to duly licensed medical personnel when indicated.

Date

X _____
Parent's Signature

***** In addition to the above information, each camper must have 1 of the following:**

- A physical examination conducted within 1 year of the first day of camp signed by a physician (attached and brought to the first page above)
- A state Qualifying school physical (attached and brought to the first page above)
- The below Waiver signed by a parent (attached and brought to the first page above)

**** If camper will be arriving with someone other than parent, all information must be complete**

WILDCAT TENNIS MEDICAL RELEASE FORM – WAIVER

The following camper, _____, did not have a completed physical form when reporting to camp on (date) _____. As his/her parent or legal guardian, I certify that _____ is in good health and is able to participate in all camp activities. I take complete responsibility for the health of this camper while he/she is attending Premier Sports Camps.

Parent / Guardian Name _____

Signature X _____ Date _____