SHOCKWAVE TENNIS ACADEMY

REGISTRATION FORM

WAIVER & RELEASE OF LIABILITY

- [ ] In consideration of being allowed to participate in the Shockwave Tennis Academy Program, I, as the Participant, or if the Participant is a minor, as the parent or legal guardian of the minor Participant (collectively referred to herein as "I"), and intending to be legally bound, do hereby acknowledge and agree to the following:
- [ ] I hereby waive, discharge, and release any and all rights and claims for damages—whether based on negligence or any other legal theory—that I, my heirs, agents, representatives, or assigns may have against Shockwave Tennis Academy, its affiliates, agents, representatives, assigns, or successors, including but not limited to any coaches, officers, directors, shareholders, agents, and/or employees of or associated with Shockwave Tennis Academy. This release also applies to any private or public locations, cities, municipalities, and/or counties where the program or related events are conducted, as well as any person, entity, or sponsor connected with the program, and their respective affiliates, representatives, successors, and employees, for any and all injuries or damages I may suffer while participating in the Program.
- [ ] I assume all risks associated with my participation in the Program and accept full personal responsibility for any resulting injury or damage, including but not limited to bodily or mental harm, permanent disability, economic loss, death, or any other loss.
- [ ] I verify that the Participant is in good physical condition and is capable of participating in and completing the Program.
- [ ] I agree to indemnify and hold harmless Shockwave Tennis Academy from any liability for injuries or damages sustained by the Participant that arise out of or are in any way connected to participation in the Program.
- [ ] I have read and fully understand this Waiver and Release. I acknowledge that by participating in the Program, I am waiving substantial legal rights.
- [ ] I understand that I am solely responsible for maintaining personal medical insurance coverage for the Participant, and for any medical costs incurred as a result of the Participant's involvement in the Program.
- [ ] I authorize Shockwave Tennis Academy staff to seek medical attention for the Participant from a licensed physician or medical facility, as deemed necessary for the safety and well-being of the Participant.
- [ ] In the event of a medical emergency, I understand that Shockwave Tennis Academy will contact Emergency Medical Services (EMS) if a parent or guardian cannot be reached.
- [ ] I knowingly and voluntarily agree to this Waiver and Release.
- [ ] If the Participant is under 18 years of age, I affirm that I am the parent or legal guardian and, with legal authority, consent to and agree to the terms of this Waiver and Release on behalf of the Participant.

MEDIA RELEASE CONSENT

- [ ] I hereby authorize Shockwave Tennis Academy and its representatives to photograph, film, and/or record me or my participant during program activities. I grant permission to use these images or recordings ("Media") for promotional, advertising, or educational purposes, in any format, without limitation. I understand that the Participant's name and identity will not be disclosed.
- [ ] If I choose not to grant this permission, I will notify Shockwave Tennis Academy in writing via email.

ACKNOWLEDGEMENT

I hereby acknowledge that I have thoroughly read and comprehend all the Shockwave Tennis Academy Program Participation Guidelines, including but not limited to: Shockwave Core Pillars, Shockwave Tennis Program, Shockwave Training Plans, Classes Locations, Coaching Team & Coaching Committee, Practice Tournaments, External Competition Plans, Calendar, Tuition, Discounts & Scholarships, Payment Guidelines, Participant Class Behavior Guidelines, Spectator Behavior Guidelines, Ball Retrieving, Communications Policies, Cancellation-Absences & Makeups Policies, Program Withdrawing, Participant & Family Commitments, Waiver & Release of Liability, and Media Release Consent.
I affirm my commitment to abide by these guidelines and provisions.

Parent/Guardian's Full Name:

Parent/Guardian's Signature

PARTICIPANT INFORMATION

Participant's Full Name

Date of Birth (mm/dd/yyyy)

Phone number (if any)

Physical Address / City / Zip Code

Parent 1 / Guardian Full Name

Phone number

E-mail

Physical Address / City / Zip Code

Signature

Date (mm/dd/yy)

Parent 2 Full Name

Phone number

E-mail

Physical Address / City / Zip Code

Signature

Date (mm/dd/yy)