www.ReadingRec.org

Reading Recreation Commission
320 South 3rd Street
Reading Pa 19602
610-655-6067
matthew.lubas@readingpa.gov

Adult
Winter Thursday Session
November 1-December 20, 2018
(no class on Nov 23)

Player Name: _____

Mailing address:_____
Street City Zip

Phone #:_____Email: _____DOB: _____

Emergency Contact Name:_____ Emergency Phone#:_____

Does the participant have any special needs/health issues (included allergies):_____

_____

AGREEMENT, WAIVER AND RELEASE FOR MINOR

In consideration for being permitted by the Reading Recreation Commission ("RRC") to participate in the Tennis Program, I, the UNDERSIGNED, agree to be bound by the following: **1. Participation in Program:** The Tennis program provides a variety of activities including, but not limited to, social activities, active games and quiet games. Some hazards associated with these activities include but not limited to, injuries associated with playing equipment, sun burns, heat exhaustion, insect bites, bee stings, and minor injuries associated with game equipment and various other supplies and materials. **2. Medical Attention:** I hereby give my consent that in the event I require medical treatment while under the supervision of RRC's personnel in connection with the above described activity, such personnel may authorize treatment that he or she deems necessary. I also agree to pay all medical, hospital or other expenses which may incur as a result. **4. Waiver, Release and Indemnification:** I hereby waive, release and discharge any and all claims in advance against RRC (including its directors, officers, employees and agents) from and against any and all liability arising out of or connected in any way with my participation in the above described activities, even though that liability may arise out of negligence or carelessness on the part of RRC (or its directors, officers, employees or agents) for damage for personal injury, death or property damage which I may have or which may hereafter accrue as a result of participation in said activity. It is understood and agreed that this waiver, release and assumption of risks is to be binding on the heirs and assigns the undersigned. I further agree to reimburse or make good any loss or damage or cost that RRC (or its directors, officers, employees or agents) may have to pay if any litigation arises on account of any claim made by anyone on my behalf. **5. Promotion:** I hereby give consent to the Reading Recreation Commission to photograph. I understand the picture may be included in program promotional materials, and/or in the promotion of RRC's Tennis Program in the newspaper, slide shows or other media. Any use of pictures of tennis participants are for RRC's charitable purposes only.

I have carefully read this Waiver or Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and a contract between myself and the Reading Recreation Commission.

SIGNATURE OF PARTICIPANT:_____ DATE: _____/_____/_____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY:

☐ **@$50.00**

Paid Cash or Check (ck#:_____) Received By:_____ Date:_____