



Littlefield Tennis of NH, LLC: General Release, Waiver of Liability and Assumption of Risk

As a participant or the parent/guardian of a minor child, I hereby give my approval for participation in a Littlefield Tennis of NH, LLC directed activity. I affirm that I or the participating minor child is in good health and proper physical and mental health to participate in said activities. I am aware that participation may involve hazards and risk of injury including, but not limited to death or disability. I agree to assume all risks and hazards incidental to the conduct of the activities, including transportation to and from the site of the activities. I do hereby waive, release, absolve, indemnify and hold harmless Littlefield Tennis of NH, LLC, staff, volunteers, supervisors, the organizers of the activity, sponsors, participants and anyone connected with the activity, and, if applicable, owners or lessors of premises on which the activities take place including, but not limited to the Exeter Parks & Recreation Department, the Portsmouth Parks & Recreation Department, and The Sports Barn from all liability, claims, demands, losses, damages and costs for judgements that may result or arise from participating in said activities. THIS GENERAL RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK IS BINDING ON THE PARTICIPANT AND/OR HIS/HER PARENT OR LEGAL GUARDIAN, PERSONAL REPRESENTATIVES, HEIRS, AND ASSIGNS. I ACKNOWLEDGE, BY SIGNING BELOW, THAT I AM EITHER OVER THE AGE OF 18 OR THIS RELEASE IS BEING ENTERED FOR A MINOR UNDER THE AGE OF 18 BY A PARENT OR LEGAL GUARDIAN

I acknowledge that Littlefield Tennis of NH, LLC retains the right to use any photographs, videos or any other recording of events for publicity, advertisement or any other legitimate purpose and I hereby consent to such use.

Student Name (Print)

Signature (Parent/Guardian if participant is under 18)

Date

Student Information

Last Name: _____ First Name: _____ DOB _____ Age _____

Phone: _____ Email: _____

Address: _____

Emergency Contact (*If different from below)

Name: _____ Phone: _____ Relationship: _____

Parent/Guardian1 (Required if student is under the age of 18) Custodial Parent/Legal Guardian yes/no

Name: _____ Email: _____

Phone1: _____ cell home work Phone2: _____ cell home work

Parent/Guardian2 (Optional)

Custodial Parent/Legal Guardian yes/no

Name: _____ Email: _____

Phone1: _____ cell home work Phone2: _____ cell home work

Medical/Social/Behavioral Concerns: