Greater Elmira
TENNIS ASSOCIATION

P.O. Box 147
Big Flats, NY 14814

LIABILITY WAIVER FOR MINORS

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the GETA activity and his/her responsibilities for adhering to the rules and regulations and common practice. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Names of Minority Age Participants: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Emergency Phone Number: (____)_____

DATE SIGNED: _____