GSM Tennis Experience LLC Promotion Release and Waiver Form

For my child's participation in the GSM Tennis Experience LLC Tennis Program:
I hereby authorize and grant permission to the GSM Tennis Experience LLC, and any of its authorized agents to use my child photographic image for any electronic or non-electronic form or media. **I** agree to that my child's image may be reproduced, edited and used in whole or in part for any and all media, including, without limitation, print, audio-visual, multimedia, and/or exhibition purposes, in any manner, in perpetuity and throughout the world. **I** understand and agree that my child and **I,** have no rights to any benefits derived from any such image. **I** hereby release and agree to hold harmless both the GSM Tennis Experience LLC and City of Margate FL representatives from any and all claims of any kind which **I**, my child, executors and assigns, may have on account of participating in and/or attending the tennis programs. **I** further waive and release any and all rights and claims against the GSM Tennis Experience LLC and its employees, coaches/instructors and the City of Margate FL representatives for any injury or loss suffered (including death) while participating in and/or attending this program located at the Firefighters Park's tennis facility. **I** have read this agreement before signing below, and **I** fully understand the contents, meanings, and impact of this release and waiver.

GSM Tennis Experience LLC Medical Waiver

TO WHOM IT MAY CONCERN:
This is to certify that **I/We**……..., the parent/legal guardian of the person listed below, do appoint the GSM Tennis Experience's team manager/instructor, and their representatives the power to authorize and consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness seems reasonably advisable on the below minor. **I/We** further understand that **I/We** will be responsible for all fees, costs, and expenses incurred in connection of any such medical procedures.

Parent/Guardian Name: ……...
Address: ……..……City: ……...……
Cell Phone: …….Home Phone: …….
E-mail: ……
Player's Name: …… Date of Birth: ……
Insurance Company: ……Policy/Group# ……..
Current Medications: ……..
Allergies: …….
Emergency Contact Name: …….
Relationship: …… Phone: ……..

Signature of Parent/Guardian: …… Date: …….