



TRADITION • FAMILY • COMPETITION

# MILL VALLEY TENNIS CLUB

FOUNDED IN 1929



285 MANOR DRIVE • MILL VALLEY, CALIFORNIA 94941 • CLUBHOUSE 415.388.2010 • POOL 415.388.2011 • CLUB PRO 415.388.2029

## ASSUMPTION OF RISK HOLD HARMLESS AND RELEASE AGREEMENT FOR SUMMER CAMP

NAME OF CAMPER	
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**Assumption of Risk:** As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

\_\_\_\_\_ Initial

**Insurance Release and Indemnity:** In exchange for the Club allowing participant to participate in the Activity, I and participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release and indemnify the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence, design of the facility and/or equipment, or from any third party, whether on or off the Club's premises and including any transportation. I agree to make the club an additional insured for participant's activities in this summer camp program

\_\_\_\_\_ Initial

**Waiver of Civil Code Section 1542:** I and participant and the Club further acknowledge that the terms of this Agreement have been negotiated and agreed upon after considering the possibility of discovering facts other than, or different from, those which the Parties now know or believe to be true with respect to the subject matter covered by this Agreement, and the Parties intend to fully, release any all claims, known or unknown, suspected or unsuspected, contingent or non-contingent. Therefore, the Parties hereby expressly waives any rights such may have in any claims, which now exist, or heretofore have existed upon any theory of law or equity now existing (or coming into existence in the future), without regard to the subsequent discovery or existence of such different or additional facts, and specifically and expressly waives all right or benefits that the Parties now have, or in the future may have, under California Civil Code section 1542, which provides as follows: **A GENERAL RELEASE DOES NOT EXTEND TO THE CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.**

\_\_\_\_\_ Initial

**Property Loss:** All personal property brought to the activity is brought at the sole risk of the participant as to its theft, damage, or loss. I and participant hold the club harmless for any theft, damage, or loss of stolen property. \_\_\_\_\_ Initial

**Medical:** I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate. \_\_\_\_\_ Initial

**Severability:** Any provision or portion of this Assumption of Risk, Hold Harmless and Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein. \_\_\_\_\_ Initial

<b>NAME OF PARENT/LEGAL GUARDIAN</b>	
<b>SIGNATURE OF PARENT/LEGAL GUARDIAN</b>	
<b>DATE</b>	

**MEDICAL INFORMATION**

FULL NAME OF CAMPER	
CAMPER'S DATE OF BIRTH	
ALLERGIES	
MEDICATIONS	
MEDICAL HISTORY AND/OR SPECIAL CONDITIONS	
FAMILY PHYSICIAN NAME	
FAMILY PHYSICIAN PHONE NUMBER	
MEDICAL INSURANCE CARRIER	
MEDICAL INSURANCE GROUP/POLICY #	
MEDICAL INSURANCE CONTACT NUMBER	

**EMERGENCY CONTACT INFORMATION**

FIRST EMERGENCY CONTACT	
FIRST EMERGENCY CONTACT CELL PHONE	
SECOND EMERGENCY CONTACT	
SECOND EMERGENCY CONTACT CELL PHONE	

**NAMES OF PEOPLE OTHER THAN PARENTS/LEGAL GUARDIANS AUTHORIZED TO ESCORT CAMPER HOME**

FIRST & LAST NAME	
FIRST & LAST NAME	
FIRST & LAST NAME	
FIRST & LAST NAME	

<b>SIGNATURE OF PARENT OR LEGAL GUARDIAN</b>		<b>DATE</b>	
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