



Lamb of God Church Tennis Camp

Madison, AL

Tennis Clinic

Authorization, Release and Waiver of Liability Form

Child's Name: _____

Please **initial** the following:

_____ I authorize my child to participate in all activities of the Lamb of God Tennis Clinic. This authorization includes: forehand and back hand swinging of tennis racquets, backward and forward foot movements, hitting and retrieving tennis balls. I also understand that volunteer chaperones will be present, teaching and supervising my child's activities.

_____ I authorize Lamb of God Church to photograph or videotape, and permit others persons to photograph or videotape my child while attending Tennis Clinic. I also authorize photographs to be shared on the Church Website as advertising.

_____ In exchange for my child named above being allowed to participate in Lamb of God Church's Tennis Clinic, I as a parent or guardian waive, release and discharge Lamb of God Church (a ministry of the WELS); its personnel and all its volunteers; and the Wisconsin Evangelical Lutheran Synod (WELS) from any and all claims, damages or expenses arising from or related to my child's participation in the Tennis Clinic. I also agree to indemnify, hold harmless and defend Lamb of God Church and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of my child.

_____ In the event of an emergency, I understand that every effort will be made to contact me. I give permission for my child to be treated by the Church personnel or at the nearest hospital or medical facility at the discretion of the Church staff. I agree to pay any costs that are incurred and will not hold the Church staff liable for the cost of any health care provided to my child.

Parent Signature: _____ Date: _____

Print your name: _____