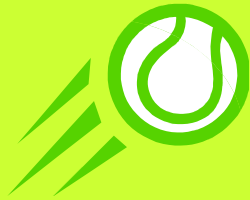


Quickstart Tennis



Level 1

4-6yrs old

**When: Friday, 9:00am-10am
June 10 – August 12 (10 weeks)**

**Saturday, 11:30am-12:30pm
June 11 – August 13 (10 weeks)**

Cost: \$20.00 per class (with lesson pass)

Summer Tennis Registration

Child's Name: _____

Birthdate: ____/____/____

Home Phone: _____ **Cell:** _____

Address: _____

City: _____ **Zip Code:** _____

Email address: _____

The Tennis Center At Peak Participation Waiver

I, _____ residing at _____ State of OHIO, acknowledge that, I individually, have voluntarily applied to participate in the Peak Performance Center Tennis training program. I acknowledge the risks and potential risks of athletic training. However, I feel that the possible benefits to me and my child are greater than the risks assumed.

I am aware that although the Peak Performance Center, it's officers, directors, owners and/or employees make reasonable efforts to make each athlete's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that an athlete, when training, through no fault of his own, his trainer(s) or the facility may become injured for a variety of reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of the Peak Performance Center's facilities or instruction. I further represent that I carry full and complete medical insurance coverage. I acknowledge that the Peak Performance Center has not and will not render any medical services including medical diagnosis of my physical condition.

In consideration of being permitted by the Peak Performance Center to participate in its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/daughter/ward specifically agree that the Peak Performance Center, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to hold the Peak Performance Center harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of the Peak performance Center, its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, or otherwise.

Parent Signature: _____ **Date:** _____