

*** Waiver form:**

By signing my name below, it is understood that the undersigned will comply with the rules of the Ronan Tennis & Golf Camp. This form releases schools, facilities and all of those associated with this event from any liability, which may occur while participating in this event. I understand by the nature of the activity there is the possibility of accident and assume the risk and responsibility while attending the Ronan Tennis & Golf Camp. I, as a Parent/Guardian of a minor student, permit emergency care to be administered to him as deemed necessary by the Ronan Tennis & Golf Camp Staff. I will allow the involved hospital and or doctor to administer the required treatment in the event of an emergency condition. I also understand that all incurred costs are my personal responsibility and that the Ronan Tennis & Golf Camp does not have insurance coverage for injuries to camp participants.

Player name(Please Print): _____

GRADE: _____

Parent Signature: _____

DATE: _____

Parent Contact Number: _____

E-mail address: _____