

**ALMONTE TENNIS CLUB - CARDIO TENNIS
INFORMED CONSENT FORM**

I wish to participate in Cardio Tennis. In return for Janet Morrison (the “Coach”) and Almonte Tennis Club accepting me as a participant in Cardio Tennis, I confirm the following:

1. As required for participation in Cardio Tennis, I have completed a PAR-Q & YOU physical activity readiness questionnaire and have, if required, submitted a Doctor’s Medical Form and any additional medical tests and/or forms to the Coach.

2. I understand the nature and the purpose of Cardio Tennis and I am aware that any strenuous physical activity involves certain risks. I assume the risk of any and all accidents or injuries of any kind which may be sustained by me by reason of, or in connection with, my participation in Cardio Tennis. I release, discharge and absolve the Coach and the Club and each of their officers, directors, employees, volunteers and agents from any and all liability or responsibility for any such accident or injury except to the extent that such accident or injury is caused by or results from any negligent act or omission of the Coach or the Club or any of their officers, directors, employees, volunteers and/or agents. This release shall be binding upon my heirs, executors, administrators and assigns.

3. While participating in Cardio Tennis, I agree to abide by the Coach’s instructions at all times.

4. In the event of an emergency, I authorize the performance of first aid or medical treatment by trained personnel.

5. Photographs or video may be taken and used for display or Internet purposes related to the program/club. Permission is not required for participation. Please indicate whether or not you consent to photographs or video of you being taken at the Almonte Tennis Club Cardio Tennis program:
YES _____ No _____

I have read and understand this form and consent to its terms.

Name

Signature

Date

Signature of parent/guardian (if under 18)

Date