



PACIFIC COAST CHAMPIONSHIPS TENNIS ASSOCIATION

PROGRAM RELEASE FORM

I, _____ [Name of Program Participant]
(hereinafter referred to as “Participant”) in consideration of being permitted to attend/participate
in the _____ [Name of Program]
(hereinafter referred to as the “Program”), voluntarily assume all risk of loss, damage, illness or
injury to my person or property which I may sustain while so engaged or as a result thereof. I
agree to indemnify, release, discharge, and forever hold harmless Pacific Coast Championships
Tennis Association (hereinafter referred to as PCCTA), their officers, agents and employees
from any an all claims, demands, and causes of action on account of any loss or injury, which
may occur during my attendance/participation in the Program’s services, activities, events or
related field trips or as a result thereof, whether arising through the negligence, or omission, fault
or other action of PCCTA, their officers, agents and employees and/or any person or
organization associated with such activities. I fully recognize that the activities associated with
my attendance/participation the Program may include but are not necessarily limited to:

1. Classroom instruction/tutoring
2. Cultural and recreational field trips and events
3. Recreational activities (i.e., tennis)
4. Community service projects
5. Summer residential programs
6. Limited bus/van transportation

I am aware that there may be risks associated with the event described above and that I may
suffer bodily injury, or property loss arising out of my attendance/participation in the event,
however, I voluntarily choose to assume these risks in order to attend/participate in the Program.
I have read and executed (signed) this document with full knowledge of its significance. I also
agree to abide by all of the PCCTA’s and its Program’s rules and guidelines.

Signature of Participant

Date



PACIFIC COAST CHAMPIONSHIPS TENNIS ASSOCIATION

PROGRAM RELEASE FORM

**SIGNATURE OF PARENT/LEGAL GUARDIAN OF PARTICIPANT(S)
UNDER 18 YEARS OF AGE**

I, _____, parent or legal guardian of
_____, hereby agree to indemnify, release,
discharge, and hold harmless PCCTA, their officers, agents and employees from any and all
claims, demands, and causes of action on account of any loss or injury, which the Participant
may assert against PCCTA, their officers, agents and employees whether arising through the
negligence, omission, default or other action of PCCTA, their officers, agents and employees.

Signature of Parent or Guardian

Date

INDIVIDUAL INSURANCE

It is suggested that Participants obtain appropriate insurance (of the types and amounts deemed appropriate) on an individual basis. If Participant is presently insured, it is suggested that Participant, or Participant's parent or legal guardian check Participant's policy to assure Participant has sufficient and appropriate insurance coverage.