

# Jack Schore Adult Programs 2020/2021

SCANNED on

\_\_\_\_/\_\_\_\_/\_\_\_\_

Player's Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Phone #\* (C) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail address\* \_\_\_\_\_

Player's Birth Date \_\_\_\_\_ Gender **M** / **F**

Company \_\_\_\_\_ Player's Shirt Size \_\_\_\_\_

Number of Day(s)/Time \_\_\_\_\_ Level \_\_\_\_\_

**\* Select your Program or Event below \***

Adult Clinic / Seasonal Court Time / MCTA / L000 / Tournaments / Other (\_\_\_\_\_)

**There is a \$50 fee applicable to any changes or cancellations.**

Payment Type: Cash Check (# \_\_\_\_)  
Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_  
Make checks payable to: "Montgomery TennixPlex"  
18010 Central Park Circle Boyds, MD 20841

Classes may be made up on a space available basis. No refunds for missed classes. Please visit or call-in for discounts as they are not accessible online.

## Medical Information

### MEDICAL AUTHORIZATION

When I or the emergency contact cannot be reached, I give my consent and permission for the above named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted or in the event of an emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This may include transportation to the nearest emergency room.

Allergies: \_\_\_\_\_

Player's Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact\*: \_\_\_\_\_

Relationship\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_

\* Required information.

## Montgomery TennisPlex Release and Indemnity

As a player, user or guest at Montgomery TennisPlex (MTP) facilities, I assume the risk of injury or death to myself and my invitees including any minor children for whom I am parent, legal guardian, custodian or otherwise responsible due to negligence by MTP, its manager JST Management LLC, Maryland-National Capital Park and Planning Commission (M-NCPPC) or any of their employees, managers, contractors, consultants or instructors. (Each such named party and each of their invitees are referred to as an "MTP Party.")

I agree to waive and release (i.e., give up) all rights that I, my heirs, representative(s) and/or assigns, and any minor children of mine, may make against any MTP Parties arising from any damages, injury, or death which I or any of my invitees might sustain as a result of any activity related in any way to MTP.

I further agree to indemnify and hold harmless MTP and its manager from any claims which may be made by me and/or any of my invitees or which might be made against me and/or any of my invitees by others, arising from any activity related in any way to MTP; and from any claims relating to any injury, death, loss of or damage to any personal property which might occur from any activity by me and/or my invitees related in any way to MTP.

I (on behalf of myself and any minor children invitees for whom I am parent, legal guardian, custodian or otherwise responsible) consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seem reasonably advisable.

WITHOUT LIMITATION OF THE FOREGOING, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I AND MY MINOR CHILDREN HAVE TO SUE OR MAKE A CLAIM AGAINST M-NCPPC, MTP, OR ANY OTHER MTP PARTY FOR ANY INJURIES ANY ONE OF US MIGHT SUSTAIN WHILE USING FACILITIES, EQUIPMENT AND/OR SERVICES PROVIDED BY MTP, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS MTP AND ITS MANAGEMENT AGAINST CLAIMS BY ME AND/OR ANY OF MY INVITEES INCLUDING ALL MINOR CHILDREN I INVITE OR WHO ARE UNDER MY CARE.

I attest that I am eighteen (18) years or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of camp, clinic or league. I also agree that MTP and its agents, sponsors, and employees may use my child's image and likeness in future promotions.

Notwithstanding any other provision hereof, I do not give up any claim against a specific MTP Party for reckless and wanton conduct by that specific party.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Montgomery Tennis Plex, hereinafter referred to as "MTP" has put in place preventative measures to reduce the spread of COVID-19; however, MTP cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE AGREEING**

\_\_\_ INITIALS By accepting this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at MTP may result from the actions, omissions, or negligence of myself and others, including, but not limited to players, coaches and MTP's employees, volunteers, and program participants and their families.

\_\_\_ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at MTP. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless MTP, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MTP, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at MTP.

\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_ INITIALS In the event that I file a lawsuit, I agree to do so in the state of Maryland, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_ INITIALS By accepting this agreement, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

\_\_\_ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation at MTP, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

Signed\*: \_\_\_\_\_ Date\*: \_\_\_\_\_, 20\_\_

(You must be 18 years of age or older to sign this form)

Please print your name: \_\_\_\_\_

**CHECK IF APPLICABLE** : I am signing this Agreement not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, custodian or otherwise legally responsible.

Please print name(s) of all minor children in your care visiting MTP's facility:

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