



Hold Harmless Agreement: I do hereby forever release the City of Shelbyville, the Shelbyville Tennis Association, sponsoring organizations, and all representatives of these above named-- their successors and assigns, and their heirs--from any and all claims and damages, losses or injuries that may result from my participation in STA programs. All claims are hereby waived and released, and I covenant not to sue therefore.

\_\_\_\_\_ Check box and initial if you would like this form to remain in the permanent file for successive years.

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Minor

\_\_\_\_\_  
Date

Medical Release: I give my consent to the rendering of emergency first aid and other medical procedures, which seem reasonable at the time of injury or illness. I understand that I will be responsible for payment of any such medical procedures.

\_\_\_\_\_ Check box and initial if you would like this form to remain in the permanent file for successive years.

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Minor

\_\_\_\_\_  
Date