

**Lake of Bays Tennis Club
Emergency Medical Information & Liability & Photo Release**

Please complete this form for each child participating in a Lake of Bays Tennis Club program.

CHILD's Name _____ Date of Birth _____ Health Card # _____

Emergency Information (we will call your contacts in this order):

1 Parent/Guardian: _____ Phone: _____ Email _____

#2 Parent/Guardian: _____ Phone: _____ Email _____

#3 Alternate: _____ Phone: _____ Relationship _____

Current Medical Information

1. if your child wears or carries a medical alert bracelet, please verify what is written on it

2. Please list any allergies _____

First Aid procedure in case of incident: _____

Does your child carry an epi pen? _____

3. Please list any prescription drugs your child takes? _____

4. Any other medical conditions: _____

Release of Waiver of Liability and Consent

I, _____, the Parent/Legal Guardian of _____, personally and on behalf of my child (hereinafter collectively referred to as the "Releasor") do hereby expressly absolve and hold harmless the Lake of Bays Tennis Club ("LBTC"), their respective officers and directors, trustees, and all LBTC volunteers and instructors, including but not limited to their agents, representatives, and assigns and all other participants including other LBTC members (all collectively referred to as the "Releasees"), from any and all liability and/or claims for damages howsoever caused arising from any act or omission and anything whatsoever done or not done by the Releasees' either individually or together, including but not limited to any such liability and/or damages contributed to or caused by the negligence of the Releasees, either individually or together.

The Releasor hereby further undertakes and agrees not to make any claims or to commence or maintain any action or proceeding against any person, corporation or other entity in which any claim could arise against the Releasees for contribution or indemnity or otherwise in respect of the above-referred to matters. The Releasor also undertakes and agrees to indemnify the Releasees from and against all liability incurred by any or all of them to any persons or entities not otherwise referred to above. The Releasor also hereby consents to any reasonable medical or surgical treatment, which in the opinion of a qualified medical doctor may be required by reason of the participation of my child in the activities of the LBTC. The Releasor hereby expressly warrants that he/she has the authority to execute this Release, Waiver of Liability and Consent, on behalf of the child and on behalf of the child's other parent or guardian, as the case may be.

DATED AT _____ this _____ day of _____, Year _____

Signature of Parent/Guardian: _____

Name of witness: _____ Signature: _____

By signing this release, Parents/Guardians gives the LBTC permission to use photos of your child in our booklets, website or promotional materials. Freedom of information Notice: The information provided on this form is protected under the Freedom of Information and Protection Privacy Act and will be utilized only for purposes related to LBTC programs.