



**2011 Philadelphia Freedoms Ball Kid Try Out
Parental Consent and Waiver of Liability Form**

Participant's Name: _____

Date of Birth: ____/____/____ Age: _____
(month) (day) (year)

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Parent's Name(s): _____

Parent's Phone Number: _____

Emergency Contact (Name and Phone Number): _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT

I, for my child, and for my child's heirs, executors and administrators and any other person claiming for my child or on my child's behalf, hereby relinquish any rights to sue, and waive and release World TeamTennis, Philadelphia Freedoms, the City of Philadelphia, their agents, employees, staff members, directors, and officers (collectively, "Releasees") from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my child's participation in the 2011 Philadelphia Freedoms Ball Kid Try Outs (the "Activity").

I fully understand that (i) the Activity involves risks and dangers of serious bodily injury ("Risks"); (ii) the Risks may be caused by my or my child's own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of the Releasees; (iii) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks, including, but not limited to, the Risks, and all responsibility for losses, costs, and damages my child incurs as a result of his or her participation in the Activity.

I authorize the Releasees to take whatever action is necessary, in their best judgment, in an emergency and I hereby release and discharge the Releasees from any responsibility or liability related thereto.

I hereby grant the Releasees permission to use my and/or my child's name, voice, picture or likeness in any broadcast, telecast, advertising, promotion, blog, website posting, brochure, media publicity, and/or catalogue or other similar publication, or any other account of the Activity in any media for any purposes whatsoever. I understand that any photographs or videotape or audiotape taken of me or my child during the Activity is the property of the City of Philadelphia and may be published and used in any media and/or manner, in addition to or in lieu of my child or ward's name and/or image, to illustrate, promote, and advertise the Activity, the City of Philadelphia or the Office of Mayor Michael A. Nutter. I fully renounce any and all claims upon the Releasees for reimbursement for use of this material.

Parent/Guardian Signature: _____ Date: ____/____/____