



MEDICAL RELEASE FORM

Name of Player: _____

Date of Camp: _____

Telephone: _____

Emergency Contact Person: _____

Telephone: _____

Health Information:

Injuries/medical conditions (previous/current) _____

Regular medications taken by player: _____

Allergies (medications/environmental): _____

Special needs (dietary, etc) _____

Release of Liability:

The undersigned certifies to be the participant and hereby agree to the following as attested to by the following signature. The player releases Van Der Meer, its agents, owners, and employees from any claims for any and all injury, loss, accident, or death that may occur to the player during their stay with Van Der Meer Tennis Academy or at any other camp locations, programs, or activities associated with Van Der Meer Tennis Academy. I certify and understand that Van Der Meer Tennis Academy is not responsible for medical expenses that may occur during his/her stay.

Player Signature: _____

Date: _____

Consent for use of Person and/or Likeness by Van Der Meer Tennis University, Inc.

I, _____, do hereby consent to the use, by Van Der Meer Tennis University, Inc., and its affiliates and assigns, for Van Der Meer Tennis University, Inc.'s commercial advertising, for-profit, and/or not-for-profit purposes, of my name, my persona, my likeness, my written testimonials, pictures, photographs, or videos of me either still or moving, audio or visual recordings of me, and the like. Such commercial, advertising, for-profit, and/or not-for-profit purposes include but are not limited to publications, advertisements, written materials, brochures, videos, instructional materials, television displays, web-based displays, and the like. By signing this Consent, I further understand that I expressly assign my rights of privacy and publicity in connection with the use by Van Der Meer Tennis University, Inc.'s commercial advertising, for-profit, and/or not-for-profit purposes, of my name, my persona, my likeness, my written testimonials, pictures, photographs, or videos of me either still or moving, audio or visual recordings of me and the like. I further consent to the lawful use of me either still or moving, audio or visual recordings of me, and the like by others receiving such materials lawfully from Van Der Meer Tennis University, Inc. and its affiliates and assigns.

Name: _____

Signature: _____

If under 18 years old, Name of Parent/Legal Guardian:
Signature of Parent/Legal Guardian:

Name: _____

Signature : _____