

**TOWN OF PEMBROKE RELEASE AND WAIVER OF
LIABILITY AND INDEMNITY AGREEMENT
PEMBROKE TENNIS LESSON PROGRAM**

IN CONSIDERATION of the permission granted to the participant named below to participate in the Town of Pembroke Tennis Lesson Program, I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Town of Pembroke and Pembroke Recreation Commission, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether cause by the negligence of the Town of Pembroke and Pembroke Recreation Commission, its agents and employees or otherwise while the named participant participates in the Pembroke Tennis Lesson Program.

I further agree to indemnify the Town of Pembroke and Pembroke Recreation Commission, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Pembroke and Pembroke Recreation Commission, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the Town of Pembroke and Pembroke Recreation Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the Town of Pembroke and Pembroke Recreation Commission, their agents or employees and whether or not such liability is sole, joint or several.

I am aware that participation in this program may present a strain on my body, or its parts and therefore I represent to the Town of Pembroke and Pembroke Recreation Commission that to the best of my knowledge, I am in a proper physical condition to participate and that I assume the risk of participating.

I understand that in case of injury or illness, and it is an emergency, I hereby give permission to attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of myself.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

**TENNIS LESSONS: MONDAY and WEDNESDAY
JULY 25 – AUGUST 17, 2011**

JUNIORS- 5:30 – 6:30 PM
Resident - Junior: \$35.00
Nonresident - Junior: \$40.00

ADULT – (15 years & up) 6:45 – 7:45 PM
Resident - Adult: \$40.00
Nonresident - Adult: \$45.00

Participant's Name

Age

Address

Town, State, Zip

Home Telephone #

Work Telephone #

Emergency Telephone #

Name of Emergency Contact

Any Special Medical Information: _____

Participant Signature

Date

Make checks out to the Town of Pembroke

Sign up by Wednesday July 20, 2011