



Participant in GSTEF Program

Name _____ Parent's Name _____

Address _____ City _____ State _____ ZIP _____

Email _____ Birthday _____

Home phone _____ Cell phone _____

LIABILITY RELEASE

I hereby acknowledge that Green Spring Tennis and Educational Foundation (GSTEF) any privilege or service incident undertaken with knowledge of the risk of possible injury. I hereby accept any and all risk of injury to myself, my guests and family members sustained while participating in GSTEF programs or involved in any event or activity. This includes any and all travel risk incurred while traveling as a member of any team established or managed by GSTEF. In accepting this risk of injury, I understand that I am relieving and will fully indemnify and hold harmless GSTEF, its employees, and volunteers, also any of GSTEF partners and affiliates, their officers, directors, employees, agents, and management for and from any and all loss, cost, claims, damages and liabilities for property damage, personal injury or death arising from or connected with the a GSTEF program. Rental facilities and equipment by the undersigned and/or my family members. It is intended that this disclosure shall constitute a good, sufficient and complete defense against action which might be brought by the undersigned or any guest/family member or anyone acting on his/her behalf against any of the above mentioned entities. I hereby consent to allow my photo, video, or film likeness to be used for any legitimate purpose. Every effort will be made to ensure everyone's safety.

Print Name of Applicant

Signature of Applicant or parent if age 17 or under

Date _____