



2019 Oracle Challenger Series – Newport Beach Ball Kids Waiver and Release

We must receive this signed Waiver and Release form before you will be able to sign up for training sessions or tournament shifts.

Minor's Name: (PRINT) _____ Age: _____
 Parent's/Legal Guardian's Name: (PRINT) _____
 Daytime Phone: _____ Evening Phone: _____
 Address (Street, City, State, Zip code): _____
 In case of emergency contact: _____
 Relationship: _____ Phone: _____
 Family Physician: _____ Phone: _____
 Preferred Hospital: _____ Group Medical No. _____
 Allergic to medication(s): _____ Email Address: _____

PARENT/GUARDIAN BALL KIDS WAIVER AND RELEASE

I, _____, the parent or legal guardian of _____ (hereinafter referred to as "Minor"), hereby signs this Ball Kids Waiver and Release for and on behalf of Minor and represent that I have the legal capacity and authority to act for and on behalf of Minor. For myself and on behalf of Minor, I assume all risk of bodily injury, property damage or loss of any kind arising from Minor's participation in the 2019 Oracle Challenger Series-Newport Beach and related activities (collectively, the "Tournament"). I hereby agree to indemnify, defend and hold harmless Desert Champions LLC ("DC"), Garden of Champions LLC, Tennis Ventures, LLC, Gledhow Consulting, Inc. and The Champions Volunteer Foundation, Newport Beach Tennis Club and their respective members, affiliates, officers, directors, staff, employees, agents, legal representatives, successors and assigns (collectively, the "Releasees"), for any and all expenses, damages, claims, suits, losses, actions, judgments, liabilities and costs whatsoever (including reasonable attorneys' fees) as a result of (a) any insufficiency in my legal capacity or authority to act for and on behalf of Minor in signing this Ball Kids Waiver and Release and/or (b) Minor's participation in the Tournament, and hereby release Releasees from any and all claims I or Minor may have, now or in the future, arising from the foregoing.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility or provider (collectively, "Medical Provider") to minister to Minor for the purpose of attempting to treat or relieve any injuries received by Minor arising out of or relating to Minor's participation in the Tournament. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed medically advisable. I realize, and appreciate, that there is a possibility of complications and unforeseen consequences in any medical treatment(s) and I assume any such risk for and on behalf of Minor and myself.

I hereby grant DC and its designees the right to include Minor's name, likeness, image, voice, writings, actions, statements or other identifications in any photograph and/or live or recorded audio, video, film, webcast, stream or other transmission, exhibition, simulcast or reproduction made of, or at, the Tournament in any medium or context for any purpose, including commercial or promotional purposes, in perpetuity and without payment, approval or further authorization.

On behalf of myself and Minor, I hereby acknowledge that in its sole discretion DC may dismiss Minor from participation in the Tournament for improper conduct and/or for any other reason.

IN WITNESS of my consent and agreement to the matters stated above, I have subscribed my signature below.

Parent or Legal Guardian

Date: _____

Print Name and Relationship to Minor