PARENT'S APPROVAL FOR PARTICIPATION IN EXTRACURRICULAR ACTIVITIES

AND MEDICAL RELEASE FORM

I understand that participation in the sport of tennis may involve some risk of personal injury to participants and l/we agree that the Houston Independent School District's ("HISD") Board of Education and the employees and agents of HISD assume no responsibility or liability for any accident or injury as a result of any aspect of participation on the tennis team/camp.

In consideration of the above-named participant's involvement in the sport, as described above, at my special instance and request, I do hereby, for and behalf of myself, my minor child, my heirs, executors, administrators and assigns release and forever discharge the Houston Independent School District, its elected and appointed officials, agents, servants, employees, volunteers and all affiliated persons and entities of and from any and-all Liability for whatever harm, loss, Injury and/or damage that may result from the above-named participant, my child, taking part in the sport of tennis. I, for and on behalf of myself, my minor child, my heirs, executors, administrators and assigns, do further hereby agree to indemnify, defend and hold harmless the Houston Independent School District, their elected and appointed officials, agents, servants and employees, volunteers and all affiliated persons and entities from and against any and all claim including claims of subrogation, losses, damages, causes of action, suits and liability of every kind (including all expenses of litigation, costs and attorneys' fees) for bodily injury, including death at any time resulting therefrom, sustained by any person or persons or on account of damage to property; including-loss of use thereof, arising out of or in consequence of the above-named participant’s taking part in, the sport of tennis, whether such injuries are due to or claimed to be due to the sole or concurrent negligence of the Houston Independent School District, their elected and appointed officials, agents, servants and employees, volunteers and all affiliated persons and entities.

INDEMNIFICATlON AND HOLD HARMLESS AGREEMENT

With the knowledge of this potential risk of injury, I am giving my son/daughter permission to participate in this club sport and accept full responsibility for this decision.

In the event of an injury, 1 hereby grant permission to school officials to contact emergency medical **personnel.**

CONSENT FOR MEDICAL TREATMENT (MINOR CHILD)

AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED PARTICIPANT, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

1 understand that medical expenses for injuries will be my sole responsibility.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_