



WHEELCHAIR/ADAPTIVE PROGRAM RELEASE FORM

Athlete Information

Full Name: _____ Age: _____ DOB: _____ Gender: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Home/Cell/Work Secondary Phone: _____ Home/Cell/Work

School/Work: _____ Program: Wheelchair Adaptive

Have you participated in athletic programs in the past? _____

If so, what programs and where? _____

Medical Diagnosis: _____

Sensory/Motor Limitation (Circle all that apply): Hearing Vision Ambulatory
Fine Motor Gross Motor Communication

Please explain any circled above: _____

Medication(s) List/Allergies: _____

Do you have a history of seizures? Yes No

Have you ever been dizzy/passed out with exercise? Yes No

Will you be bringing any personal equipment to use? _____

Additional Instructions or Information: _____

Emergency Contacts

CONTACT 1

Name: _____

Relationship to Athlete: _____

Primary Phone: _____

Employer: _____

CONTACT 2

Name: _____

Relationship to Athlete: _____

Primary Phone: _____

Employer: _____

Is there a third person you would like us to contact in case of an emergency?

WAIVER

As a participant, or parent or guardian of a participant, permission is granted to participate in the Westwood Tennis Adaptive/Wheelchair program listed above. I acknowledge that Westwood Tennis and Fitness is not responsible for any lost, damaged, or stolen property. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless Westwood Tennis and Fitness, its employees, supervisors, instructors, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of Westwood Tennis and Fitness or its employees, supervisors, instructors, representatives and volunteers.

Athlete Name (Print): _____ Parent/Guardian Name (Print): _____

Athlete Sign/Date: _____ Parent/Guardian Sign/Date: _____

PUBLICITY STATEMENT (Please initial)

____ I **DO** grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) to be used by Westwood Tennis and Fitness for the purpose of promotion and education in regards to Westwood's adaptive and wheelchair tennis programs.

____ I **DO NOT** grant permission for pictures taken of participant (taken by individuals; i.e. other participants, parents, etc.) to be used by Westwood Tennis and Fitness for the purpose of promotion and education in regards to Westwood's adaptive and wheelchair tennis programs.

Date: _____