

**ACKNOWLEDGEMENT AND ASSUMPTION
OF RISK FORM FOR THE SALMON ARM TENNIS
CLUB**

PLEASE READ THIS DOCUMENT CAREFULLY

Initials

I, _____, _____
[Print Name] [Street Address]

_____, _____, _____
[City] [Province] [Postal Code]

hereby acknowledge and agree that:

- Tennis may be dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of tennis itself, others which result from human error and negligence on the part of the persons involved in preparing, organizing and staging the sport of tennis.
- As a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss;
- Some of the aforesaid risks and hazards are foreseeable, but others are not;
- I nevertheless **FREELY AND VOLUNTARILY ASSUME ALL THE AFORESAID RISKS AND HAZARDS**, and that, accordingly, my preparation for, and participation in tennis **SHALL BE ENTIRELY AT MY OWN RISK**;
- I clearly understand that by signing this Agreement, I will be forever prevented from suing or otherwise claiming against the City of Salmon Arm, Salmon Arm Tennis Club (“SATC”), nor any of its directors, officers, employees, sponsors, independent contractors, members, players or agents for any loss or damage connected with any property loss, personal injury, or bodily injury/sickness (including but not limited to any disease or contagion (COVID-19)) that I may sustain while participating in or preparing for tennis , whether or not such loss or injury is caused solely or partly by the negligence of the “SATC” or any of its directors, officers, employees, sponsors, independent contractors and/or agents.
- I have carefully read this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM**, fully understand same, and acknowledge that I am freely and voluntarily executing this Form;

- I have been given the opportunity and have been encouraged to seek legal advice prior to signing this Form;
- I clearly understand that “SATC” would not permit me to participate in tennis unless I signed this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM, and that this ACKNOWLEDGEMENT AND ASSUMPTION OF RISK FORM** applies to the sport of tennis at or representing the “SATC”;
- I am physically capable of participating in tennis and that I have no pre-existing conditions (including but not limited to any COVID-19 symptoms and/or actual contraction of the disease) that would hinder my ability to participate in tennis.
- I also confirm that I have read and agree to the “Member Guidance and Conditions for 2020 Re-opening of The Salmon Arm Tennis Club”

Member Name (Please Print)

Member Signature

Member Name (Please Print)

Member Signature

Guest Name (Please Print)

Signature

Guest Name (Please Print)

Signature

Junior Name (Please Print)

Parent Signature

Junior Name (Please Print)

Parent Signature

Date