



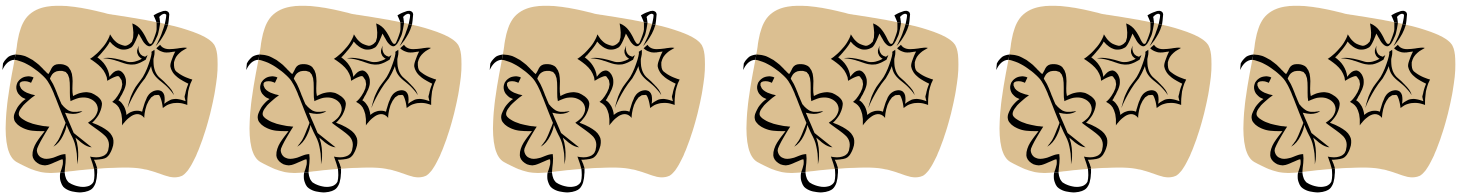
www.dmparks.org

Tennis in the Parks YOUTH
Play for youth ages 11-14
Intermediate skill players
only - Cost: \$45 per student
6 lessons & a TIP t-shirt
Sundays 2:00 - 3:30 pm



Program is for INTERMEDIATE skilled players only - mix of lesson improvement & play.
Program is taught at McCollum/Waveland Tennis Complex 936 Polk Blvd., Des Moines
Sundays - September 20, 27, October 4, 11, 18, 25 (Rain date - November 1st), 2009
REGISTER by September 10th

Youth TIP Play Program is designed for youth players with intermediate level skills while
improving them by playing with their skills. Skills taught: overheads and lobs, approaching the net,
traditional scoring, positioning and tactics. The last three days of the program, most of the lesson will be on
game or play development. Participants receive a t-shirt.



----- Tennis in the Parks YOUTH Play ----- Clip and Return this Registration Form -----

Print Participant's Name _____
Home Phone _____ Parent's Work No. _____
Address _____ City _____ Zip _____
Doctor's Name _____ Phone _____
Person to Contact in Emergency _____ Phone _____
Child's Birth Date ____/____/____ Adult T-shirt size: __Sm __Med __Lg __XL

I hereby give my permission for my child to participate in Tennis in the Parks YOUTH Play at McCollum/Waveland Tennis
Complex. In accordance, I hereby waive and release the City of Des Moines Parks & Recreation Department, other
cooperating agencies, employees, volunteers, and other persons related hereto from any and all type of responsibility and
liability from injuries/illnesses that may occur as a result of participation in this program. REQUIREMENT - read the full
consent on the back of this form, SIGN & COMPLETE IT for your child's participation -----> -----> sign now, sign now ----->

TIP Youth Payment: Cash _____ Check # _____ (Payable to DSM Parks)
Charge _____ Master or VISA (Circle which card) \$45 per player
_____ Exp. Date ____/____



Mail to: City Tennis Programs, Attn: John T., 3226 University Ave., Suite 200, Des Moines, IA 50311 [Fall TIPYouth]

CITY OF DES MOINES, IOWA

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Event: YOUTH TIP Play

In consideration of my, or my minor child, being permitted to participate in any way in this Event, I, the Undersigned, for myself, my minor child, all of my, or my minor child's, personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasors", do hereby:

1. Acknowledge that this Event may be a major test of a person's physical and mental limits and carries with it the potential for serious injury, death and/or property damage, and certify as to the physical fitness of the Undersigned, or of my minor child, to participate and declare that neither the Undersigned, or my minor child, has been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that the Undersigned, or my minor child, will, at all times, be aware of the surroundings during the Event and agree that if I, or my minor child, consider anything related to this Event to be unsafe, will immediately advise the Event officials of such, and if necessary, will leave the area or refuse to participate further in the Event.
3. Waive, release and discharge, and covenant not to sue, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this Event, hereinafter referred to as "City", from any and all liability to Releasors for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, or my minor child, arising out of or related to the Event, including traveling to or from the Event, whether caused by the negligence of the City or otherwise.
4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to my, or my minor child's, participation in this Event, whether caused by the negligence of City or otherwise.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Event, whether caused by the negligence of City or otherwise.
6. Agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends, to all acts of negligence by the City, including negligent rescue operations and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by the Undersigned, or my minor child, as a participant in this Event.



I have read this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent permitted by law.

Participant Name: _____ Age: _____
(Please Print) (If under age 18)

Participant Signature: _____ Date: _____

If Participant is a Minor:

Parent/Legal Guardian: _____
(Please Print)

Parent/Legal Guardian Signature: _____ Date: _____