



# Tennis Club Waiver and Assumption of Risk

I, \_\_\_\_\_(print name), in consideration of being permitted to participate in the Division of Recreational Services of The University of Iowa Tennis Club Program (“Program”) and to use University of Iowa equipment and facilities in connection with the Program, on behalf of myself, my personal representatives, my heirs, and my assigns, I hereby release, waive and forever discharge the State of Iowa; the Board of Regents, State of Iowa; and The University of Iowa and each of their officers, employees, and agents from any and all liability of any and every nature whatsoever, including claims or suits at law or in equity, that I may have for any and all personal injury, including death and property loss or damage that may result from, arise out of, or be related to my participation in the Program, including my use of University of Iowa facilities or equipment in connection with the Program and my travel to and/or any Program activity.

By signing below I acknowledge that I know, understand, and appreciate the potential dangers associated with my participation in this Program and use of University of Iowa facilities and equipment in connection with the Program. These hazards may include, but are not limited to, minor scrapes, strains, and bruises, as well as significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. If I elect to participate in the Program, I do so voluntarily and totally at my own risk. By signing below, I further acknowledge and represent that I have read the foregoing, fully understand it, and sign it voluntarily as my own free act and deed. No oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

Signature: \_\_\_\_\_

(your signature)

Address: \_\_\_\_\_

(street)

(state)

(zip)

Date: \_\_\_\_\_

**NOTE: IF YOU ARE UNDER THE AGE OF EIGHTEEN, YOUR PARENT OR LEGAL GUARDIAN ALSO MUST SIGN BELOW:**

Signature: \_\_\_\_\_  
(Parent/Legal guardian of Club Member signature)

Address: \_\_\_\_\_  
(street) (city/state) (zip)

Date: \_\_\_\_\_

**Photo Release Statement**

I, \_\_\_\_\_, hereby consent to allow The University of Iowa or its designee to photograph, videotape and/or audio-record my image and/or voice. I hereby grant to The University of Iowa the rights to use, reproduce, assign, and/or distribute my image, voice, name and/or likeness in any media whatsoever for any educational, promotional and/or commercial purpose, in its sole discretion, without consideration of payment to me. The University of Iowa and its successors and assigns shall own all right, title and interest, including the copyright, to any such photograph, videotape and/or audio recording.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_