

Event Consent and Release Agreement

College Tennis Exposure Clinic at Massachusetts Institute of Technology

I hereby give permission for my child named below to participate in all activities of the College Tennis Exposure Clinic (the "Event") held on Massachusetts Institute of Technology's campus on June 29-30, 2024. I further understand that Massachusetts Institute of Technology does not own, control, supervise or present the Event nor is in any way responsible for the Event or the instruction, supervision or monitoring of my child while on campus.

I acknowledge that my child's participation in the Event may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Event, and the use of facilities, equipment or services associated with the Event.

On behalf of myself and my child, I hereby assume all risks related to participation in the Event, including but not limited to accident, death, injury, or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself, my child, and anyone claiming through myself or my child, do forever release Massachusetts Institute of Technology, members of its governing boards, its officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demand of any nature whatsoever, including but not limited to a claim of negligence which I, my child, or anyone claiming through myself or my child, may now or in the future have against Massachusetts Institute of Technology or any such persons on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the Event howsoever the injury is caused.

I certify that my child is medically able to participate in the Event and is free from any communicable, infectious or contagious diseases. In case of emergency such as accident or injury, I give permission to the Event to provide assistance to procure emergency medical care in the event that I or person(s) I designate cannot be reached.

Name of Child: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian Printed: _____

Date: _____