



Boys	Girls	AGE (as of TODAY)	///////	-	
Name of E	ntrant		// Date of Birth		
Street Add	Iress		Email Address		
City		State	Zip Code		
Phone Number		School Attending	Signature of Entrant or Parent / Guardian	Signature of Entrant or Parent / Guardian	

This Section To Be Completed By Parent/Guardian:

By signing below, the undersigned requests and approves of the entrant's registration and participation in the PUEBLO COUNTY RECREATION – TENNIS LESSONS ("Tennis"). In consideration for the entrant's participation in Tennis, the undersigned (1) acknowledges that the entrant's participation will be at the sole risk of the entrant and the undersigned and (2) agrees to release, indemnify and holds District 70, the County of Pueblo, Colorado, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at Tennis. The undersigned also agree to allow representatives from District 70, the County of Pueblo, Colorado or any of its subordinate units and/or media to take and publish photographs or videos of the entrant during Tennis. I acknowledge that I have been informed of the nature of Tennis and that I am aware of the hazards and risks which may be associated with my participation in Tennis, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against District 70, the County of Pueblo, Colorado or property damage sustained through my participation in normal or unusual acts associated with Tennis. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Wavier.

Parent/Guardian Signature	Date	Date Initials of Pueblo Cou		Date
PAID \$50 Session Fee per Session:	Cash	Check#		Money Order