LH TENNIS ACADEMY, LLC RETURN TO PLAY WAIVER

In consideration of being allowed to participate in any LH Tennis Academy activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program could be significant, including the potential for permanent impairment, and while particular rules, guidelines, and personal discipline may reduce the risk, the risk of a serious injury does exist;

2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;

3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, and assume full responsibility for my participation;

4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring it to the attention of the nearest instructor immediately.

5. On behalf of my child, as their legal parent or guardian, I HEREBY RELEASE AND HOLD HARMLESS LH Tennis Academy LLC, and their instructors, WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, WHETHER ARISING FROM THE NEGLIGENCE OF THE INSTRUCTORS OR OTHERWISE.

6. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS: By acknowledging and signing below, I agree to and verify the following: 1) I am the parent or legal guardian for the youth participant, and 2) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs.

_____	_____	_____
Participant Name	Date	Signature of Parent/Legal Guardian