



**FRIENDS OF HADLEY PARK TENNIS
PROGRAM**

METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY

THE PROFESSIONAL TENNIS REGISTRY GENERAL

RELEASE OF ALL LIABILITY

2024 – 2025

Mr. or Mrs. _____

The parents or guardian of _____ our minor child, do hereby release for and on behalf of ourselves and our minor child, Friends of Hadley Park Tennis Program, Inc. (FHPTP), Metropolitan Government of Nashville and Davidson County (MGN DC), Professional Tennis Registry (PTR) and all owners and employees of the above establishments from any and all damages and/or personal injury that may occur in and from any connection with tennis, tennis playing or other sponsored events. I acknowledge that this child will be participating in recreation and sports activities that can be strenuous and pose certain risks. I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to personal property which this child may sustain in connection with participation in these activities. I understand that Metro Parks staff/volunteers may not dispense or store any medications. I agree that photographs may be taken of this child while engaged in these activities and that these photographs may be used to promote Parks and Recreation Department programs.

This is a full release of any and all claims on consideration for FHPTP, MGN DC, PTR, its owners and employees sponsoring the above sports program.

Mr. or Mrs. _____ understand and have read this release and understand all its terms and hereby execute it voluntarily with all knowledge and understanding of its significance.

Medical Release: We hereby also consent to emergency medical or hospital services that may be rendered by an accepted hospital, or by an appointed physician or physicians in the event of such need arises in the opinion of a duly licensed physician.

Signature of Parent or Guardian: _____