

TRI-VALLEY TABLE TENNIS CLUB
TVTTC Association



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Club/Class at Pleasanton Middle School
5001 Case Avenue Pleasanton, CA 94566

FITNESS, WAIVER & RELEASE and ASSUMPTION OF RISK
(TABLE TENNIS CLUB ACTIVITIES/CLASS & TOURNAMENT PARTICIPATION)

Participants (18 or Above): Please Sign for yourself
Minor Participants (under 18): *Please have your Parent or Legal Guardian sign below*

The City of Pleasanton is sponsoring the following activity ("the or this activity"): Table Tennis Club & Class Training/Practice/Open Gym and, from time to time, Tournaments, conducted & supervised by Tri-Valley Table Tennis Club (the "Club"), a California corporation.

My (*My child's*) participation in this activity is voluntary. I am (*My child is*) physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am (*my child is*) participating in this activity. In addition, if transportation is provided to participate in the activity, I (*on behalf of my child*) hereby assume the risks, and hereby waive, release, and discharge the City of Pleasanton, together with Pleasanton Unified School District and Tri-Valley Table Tennis Club Corporation, and its Council, officials, officers, shareholders, employees, instructors, agents, sponsors and promoters of this activity, for any and all claims for damages for personal injuries, or claims for damages to property, which I (*my child*) or my (*child's*) heirs, assigns, executors or administrators may have or which may accrue to my (*child's*) participation in this activity, including transportation to or from the activity.

I have read the above and understand that important legal rights are being waived. Unless otherwise indicated, I also consent to the City and Club's use of any images/photographs that are taken of me or my child while participating in the above activity for use in the City's or Club's brochures and flyers that are distributed both as printed documents or other media and on the internet. No payment will be made for use of these photographs or media means.

Date: _____

Name of Participant

Date of Birth (MM/DD/YYYY)

Signature (Please Sign)

_____	____-____-____	_____
_____	____-____-____	_____
_____	____-____-____	_____

Name of Parent/Guardian of Minor Participant _____

Signature: x _____

Date: _____

Email: _____ Phone: _____

Address: _____ City: _____ Zip: _____