



**Littlefield Tennis of NH, LLC: General Release, Waiver of Liability and Assumption of Risk, and Policies**

**Payment/Cancellations/Refunds**

- 1. All enrollments are considered pending until payment is received. See individual sessions for deadlines. Please make checks payable to **Littlefield Tennis of NH, LLC** and mail to: **Littlefield Tennis PO Box 623 Exeter, NH 03833**
- 2. **Weather Cancellations:** Lessons may be canceled due to current and/or impending weather, and/or poor court conditions due to weather. The recording at (603)373-8112 will change only if lessons are canceled. Make up dates and times will be emailed.
- 3. Littlefield Tennis is NOT responsible for personal absences or cancellations of scheduled clinics, camps or make ups.
- 4. Make ups only for clinics and camps canceled by Littlefield Tennis. If Littlefield Tennis is unable to offer a make up or credit during the current session a refund will be issued at the end of the session.
- 5. Refunds only if a program is full, canceled, and/or if the director determines a program is not appropriate for the student.
- 6. Withdrawal within 3 business days of the Spring, Fall, or Winter session will result in a refund less a \$25 non-refundable fee.
- 7. Summer withdrawal within 3 business days before the first registered camp or clinic begins will result in a refund less a \$25 non-refundable fee or credit towards another summer program.
- 8. Privates outside: A full credit will be issued for cancellations made 1 or more days prior to a scheduled private, and a credit less a \$30/hr court fee will be issued for cancellations made within 24 hours.
- 9. Privates inside: A credit less a \$30/hr court fee will be issued for cancellation made 1 or more days prior to a scheduled private, and no refunds or credits for cancellations made within 24 hours. \_\_\_\_\_ **(Initials) I have read and agree**

**Photo/Video Release**

I acknowledge that Littlefield Tennis of NH, LLC retains the right to use any photographs, videos or any other recording of events for website, social media, publicity, advertisement or any other legitimate purpose and I hereby consent to such use. \_\_\_\_\_ **(Initials) I have read and agree**

**Waiver, Release of Liability, and Assumption of Risk**

As a participant or the parent/guardian of a minor child, I hereby give my approval for participation in a Littlefield Tennis of NH, LLC directed activity.

I affirm that I or the participating minor child is in good health and proper physical and mental health to participate in said activities.

I am aware that participation may involve hazards and risk of injury including, but not limited to death or disability.

I agree to assume all risks and hazards incidental to the conduct of the activities, including transportation to and from the site of the activities. I do hereby waive, release, absolve, indemnify and hold harmless Littlefield Tennis of NH, LLC, staff, volunteers, supervisors, the organizers of the activity, sponsors, participants and anyone connected with the activity, and, if applicable, owners or lessors of premises on which the activities take place including, but not limited to the Exeter Parks & Recreation Department, the Portsmouth Parks & Recreation Department, and The Sports Barn from all liability, claims, demands, losses, damages and costs for judgements that may result or arise from participating in said activities. \_\_\_\_\_ **(Initials) I have read and agree**

THIS GENERAL RELEASE, WAIVER OF LIABILITY AND ASSUMPTION OF RISK IS BINDING ON THE PARTICIPANT AND/OR HIS/HER PARENT OR LEGAL GUARDIAN, PERSONAL REPRESENTATIVES, HEIRS, AND ASSIGNS. I ACKNOWLEDGE, BY SIGNING BELOW, THAT I AM EITHER OVER THE AGE OF 18 OR THIS RELEASE IS BEING ENTERED FOR A MINOR UNDER THE AGE OF 18 BY A PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
Student Name (Print) Signature (Parent/Guardian if participant is under 18) Date

**Student Information** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Phone: \_\_\_\_\_ cell home Email: \_\_\_\_\_

**Primary Contact (Parent/Guardian1 if student is under the age of 18) Custodial Parent/Legal Guardian** yes/no

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone1: \_\_\_\_\_ cell home work Phone2: \_\_\_\_\_ cell home work

**Optional Contact2 (Parent/Guardian2 if student is under the age of 18, optional) Custodial Parent/Legal Guardian** yes/no

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone1: \_\_\_\_\_ cell home work Phone2: \_\_\_\_\_ cell home work

**Emergency Contact (\*If different from above)**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Allergies/Medical/Social/Behavioral Concerns:**