

Hays High School 6th-9th Tennis Camp

When: June 7-9

Where: Hays High School Courts

Time: 9-12 am

Who: Incoming 6-9th graders

Cost: \$45



Camper Name: _____

Parent/Guardian: _____

Phone # _____

Grade (23-24) _____

Camp Activities:

Forehand, backhand, volley, and serve drills, doubles and singles strategies, games, and mini tournaments.

Registration and Payment Information:

Register online at: www.secure.payK12.com

Hays CISD Release of Liability Form

Participant releases the Hays CISD, its officials, employees and volunteers from any and all liability for any claim by Participant of bodily injury, property damage, or other legal injury of any description arising from Participant's use of Hays CISD facilities or participation in or attendance at the Camp / Event. The term "Participant" includes both the individual participant and any parent or guardian signing this document on behalf of the participant. Participant further covenants and agrees to Participant or participant's legal representative will not assert or file any claim against Hays CISD, its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in the document. Participant agrees to indemnify and hold harmless Hays CISD, its officials, employees or volunteers from all costs and expenses of defending against such claims. The Release and indemnity obligations of participant shall apply without regard to whether the bodily injury, property damage, or other legal injury complained of the caused, in whole or in part, by the Hays CISD, its officials, employees or volunteer. This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Hays CISD or its officials, employees or volunteers under Texas or federal law. By signing below, I certify that I have read, understand and accept the terms of this document. I further certify that I am aware that this document contains a release of important legal rights and that I may consult an attorney prior to signing.

For more information, contact Julia Lizcano at julia.lizcano@hayscisd.net

Official office Use Only: Payment Received: \$ _____ Payment Type: Ck _____ / CC _____ / Cash _____ / W _____