ACTS TENNIS ACADEMY 2025 – 2026

Liability Waiver and Parental Consent Form (For Minors)

This form must be completed and signed by the parent or legal guardian of any minor participating in the **ACTS Tennis Academy 2025–2026 programs, including training sessions, tournaments, after-school activities, and summer camps.**

---

1. Program Description

ACTS Tennis Academy, operated by **CuCo Company America Corp.**, offers year-round tennis and athletic training programs for children and youth. Activities include group and private tennis instruction, fitness and conditioning, games, tournaments, and outdoor recreation supervised by certified coaches.

---

2. Acknowledgment of Risk and Assumption of Responsibility

I, _____ (parent/legal guardian), acknowledge that participation in sports, including tennis, involves inherent physical risks such as sprains, fractures, dehydration, or other injuries. I certify that my child, _____ (minor's full name), is in good physical condition and fit to participate.

---

3. Release and Waiver of Liability

I hereby waive, release, and discharge **ACTS Tennis Academy, CuCo Company America Corp., its officers, employees, volunteers, and agents** from any and all liability, claims, or causes of action for injury, loss, or damage to person or property arising during program participation, whether caused by negligence or otherwise.

---

4. Emergency Medical Authorization

I authorize ACTS staff to seek emergency medical treatment for my child in the event of illness or injury and agree to bear any resulting costs.

---

5. Media Release

I grant permission for ACTS Tennis Academy to use photos or videos of my child participating in program activities for promotional purposes, including but not limited to social media, website, and marketing materials.

---

6. Code of Conduct

I acknowledge that my child is expected to follow all academy rules and guidelines. Misconduct may result in removal from the program without refund.

---

7. Governing Law

This agreement is governed by the laws of the State of Florida. If any provision is found invalid, the remaining provisions shall continue in full force and effect.

Minor's Full Name: _____
Date of Birth: _____
Allergies/Medical Conditions: _____

Emergency Contact Name: _____
Phone: _____

Parent/Guardian Name (Printed): _____

Signature: _____
Date: _____