

CARDIO TENNIS PROGRAM
PARTICIPANT'S RELEASE

As consideration for my participation in the Cardio Tennis Program (the "Program"), I agree as follows:

1. I wish to voluntarily participate in the Program at **Go Cardio Tennis with Ed Murphy** (the "Facility"). I understand the physical dangers and risks inherent in the Program and hereby attest that I am physically able to participate in the Program, and I assume freely all of such risks including, without limitation, risks of personal injury. I understand that I may stop participating in the Program at any time.

2. I understand that I should consult with my physician before beginning this or any other fitness program and that the instructions and advice presented in connection with the Program are in no way intended as a substitute for medical advice.

3. I hereby release and hold harmless, on behalf of myself and my heirs and representatives, the **Tennis Industry Association**, the **United States Professional Tennis Association**, **Professional Tennis Registry**, the **United States Tennis Association Incorporated**, the instructor, the Facility, and all of their affiliated associations, officers, directors, employees, members, and agents (collectively, the "Releasees") from all claims, damages, costs and liabilities, whether known or unknown, anticipated or unanticipated, that I have or may ever have relating in any way to my participation in the Program, and I agree that I will not bring any suit, claim or action against the Releasees for any reason.

4. I have read this form prior to signing it and fully understand its contents and the nature of the Program. Any questions I might have had have been answered to my satisfaction. I freely agree to the terms of this form. If I am a parent or legal guardian signing this form on behalf of a minor, I acknowledge and agree that all agreements and releases herein are regarded as made by me on behalf of the minor and are binding on me and the minor.

Signature Date: _____

Print Participant's Name

Signature of Parent/Legal Guardian if Participant is under the age of majority in his/her state of residence Date: _____

Print Parent/Legal Guardian's Name