

Fort Bend Tennis Services

**Health Acknowledgement for tennis classes/ camps/ Programs.
Acceptance of Risk and Waiver of Liability**

(Please Initial each item)

- _____ I have read and understand the Health Guidelines for Fort Bend Tennis Services

- _____ The student/player has no known communicable health issues, such as coughing, fever, etc.

- _____ The student/player has not been in contact with anyone diagnosed with COVID-19 in the past 14 days.

- _____ I understand if the student/player comes in Contact with any person diagnosed with COVID-19, I/we will notify Fort Bend Tennis Services as soon as possible so other players in their class/group may be notified.

- _____ I understand that the student/player is participating in this tennis activity voluntarily and assume the risk that the student/player might be exposed or infected by COVID-19. I accept the responsibility that illness may result from such exposure and waive liability if such should occur.

Student/Player Name: _____

Student (if over 18)
or Parent/Guardian Signature: _____

Date: _____