



TENNIS BUDDIES OF RENO Volunteer Registration

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| Name: | |
| Phone contact: | Email Contact: |
| Do you have Experience working with down syndrome or developmentally disabled kids? Yes or No. If yes, state experience: | |
| Volunteer Dates: (please select) Friday, April 13 <input type="checkbox"/> ; Friday, April 20 <input type="checkbox"/> ; Tuesday, April 24 <input type="checkbox"/> ; Friday, May 4 <input type="checkbox"/> ; Friday, May 11 <input type="checkbox"/> ; Friday, May 18 <input type="checkbox"/> | |
| Please read and sign in our release liability release and photography forms | |

Volunteer Liability Release

By signing, I hereby expressly acknowledge that tennis, like many sports, involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. Further, I hereby expressly acknowledge that photographs and/or videos may be taken by parties outside the control of SJTA in connection with participating in program. I acknowledge that SJTA has limited or no control over such activities of third parties and has no control over any editing and/or use of such photos and/or video footage. I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of SJTA and the University of Nevada - Reno should injury or mishap occur in this regard.

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| Acceptance Signature: | |
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I give permission to be photographed and/or videotaped in print or electronic media by the Sierra Junior Tennis Association (SJTA) or third parties acting on behalf of SJTA. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for the purpose, which may be produced, duplicated, distributed and used for informational, promotional or other public purposes. I understand that photographs and video are not my property and there will be no compensation to me. I understand and authorize the use in writing or otherwise my name.

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| Acceptance Signature: | |
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