

Barnes Tennis Center

San Diego  California

Presents a

Day Trip to the BNP Paribas Open Tennis Tournament At the Indian Wells Tennis Garden, Indian Wells, CA.

Join us for a fun trip to watch the best players in the world compete at the BNP Paribas Open at Indian Wells! You could see players such as Roger Federer, Rafael Nadal, Andy Roddick, Maria Sharapova, Justin Henin, the Bryan Brothers, and more!

This is a beautiful setting to watch amazing tennis!

Your ticket will get you a grandstand seat and allow you to sit at any court side seat in the outer courts! The Practice Court area allows you to be “up close” to the players while they practice! Amazing “autograph hunting” is available at this event!

- Sunday, March 14th, 2010.
- Depart Barnes Tennis Center: 7:15 a.m. Returning: 8 pm approximately
- \$80.00 per person. (children requiring chaperone must make arrangements in advance with Tom O'Brien)
- Space is limited, so sign up early!
- Registration fee includes transportation, continental breakfast and grandstand seating, which includes unlimited grounds pass. Continental Breakfast on the way out, and pizza on the way back!
- **Transportation: San Diego Tours Bus with Video Screens and Bucket Seats!**
Here is the web address to view the bus:
<http://www.sandiegoscenictours.com/buscharter.htm>
- Make check payable to Barnes Tennis Center
4490 West Point Loma Blvd., San Diego, CA 92107.
- More info or to confirm your space, email Tom at tobrien@ytsd.org or call 619-221-9000.

What to bring: lunch (or lunch money) snacks, backpack, warm clothes just in case, hat, camera, tennis balls and a sharpie for pro signatures, sunglasses, and any games for the bus ride.

Come and join us for this great day of tennis!

LIABILITY RELEASE:

Participant Initial _____ Parent/Guardian Initial _____

Barnes Tennis Center, owned and operated by Youth Tennis San Diego, a California non-profit corporation (herein collectively referred to as "BTC", provides program(s) ("Activities") including but not limited to tennis, fitness, yoga and other strengthening exercises, etc. IN CONSIDERATION of being permitted to participate in any way in any "Activity"; I, for myself, as Parent/Guardian of Participant, and/or as Participant, including my personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) any/all athletic activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and/or death ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such Risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the Participant's participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE BTC as well as the officers, directors, agents, employees and assigns of each, and the BTC coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by BTC, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

MEDICAL RELEASE:

I, grant to BTC to act as guardians/spokesmen in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for the Participant, en route to or from or at the site of any "Activity" or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I further understand that I will be responsible for payment of any such medical procedures.

PHOTO/VIDEO RELEASE:

Participant Initial _____ Parent/Guardian Initial _____

I hereby authorize BTC to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participation in an "Activity" or event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation, nor will I receive any payment for the possible commercial use of my name or likeness. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT

SIGNATURE

DATE

Parent/guardian Name

SIGNATURE

DATE

Names: _____

Require Chaperone Y / N

Address: _____

Best phone #: _____

Best Email: _____

Visa MC # _____ exp date _____ 3-digit code _____

Amount: \$ _____ Date: _____ Cash Check Charge Staff Init: _____