## 同意書/Letter of Consent (Waiver Form)

I, the undersigned, acknowledge and fully understand that, as a participant in this Tennis and Potluck event to be held at YMCA Arlington Tennis & Squash Center, 3400 North 13th Street, Arlington, VA 22201, on Saturday, November 16, 2024, I will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from my own actions, inactions or negligence but also from actions, inactions or negligence of others or the conditions of the premises or any equipment used. Further, I acknowledge and fully understand that there may be other risks not known to us or not reasonably foreseeable at this time. I assume all foregoing risks and accept personal responsibility for the damages resulting from such injury, permanent disability, or death. I hereby release, discharge, indemnify, and hold harmless the Japan Commerce Association of Washington DC (including their directors, officers, and employees) against any liability, loss, cost, claim, or damage whatsoever, arising as a result of my own (or my child's) participation in this Tennis and Potluck Party.

I, the undersigned, have read and fully understand the above waiver/release and signed it below voluntarily.

Name:	Signature:	Date:	
Name:	Signature:	Date:	
I, the undersigne Registration Form consent to the term	d, am the legal guardian of and have read and fully understants of the waiver/release on behalf articipation in this Tennis and Pot	nt or guardian must read and sign below: the above minor(s)* listed in the nd the above waiver/release. I hereby of the named minor(s)* and give my luck Party on the terms stated above.	
<participant></participant>			
Name:			
Name:			
<participant's pare<="" td=""><td>nt/Guardian's&gt;</td><td></td><td></td></participant's>	nt/Guardian's>		
Name:	Signature:		
Date:			

IMPORTANT: Every participant is required to submit this Letter of Consent (Waiver Form) with a signature.