



Internal Use Agreement

Participant: _____ Birth Date: _____

Participant Cell Phone: _____ Cell Phone Carrier: _____

Participant Email Address: _____

Parent / Guardian Name (first & last) _____

Cell Phone: _____ Cell Phone Carrier: _____

Email Address: _____

Street Address, City/State : _____

1. **SUPERVISION:** I understand that The Courts at Clear Creek does not have onsite supervision and approve my child to use the courts between the hours of 5pm and 2am based on availability and request.
2. **WAIVER OF LIABILITY:** I have provided a signed waiver of liability for my child.
3. **RESERVATION:** I understand that The Courts at Clear Creek is available for internal use only with a same-day reservation request. If another client requests to pay for use of the courts, our reservation will be cancelled and we will be notified immediately.

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____