## **CKTS Freeman Lake Fall Classic Release of Liability**

l,	, understand that even under the safest conditions,
the activities involved with the g	ame of tennis have inherent risks involving possible injury,
disability, or even death. I furthe	r understand that the activity may be physically, mentally,
and/or emotionally demanding.	I verify that I am free of any medical, physical, or mental
conditions that may create undu	e risk(s) to me or others who may depend on me.
I certify that I am at least	18 years of age or have obtained consent from my parent or
legal guardian, as indicated on th	ne signature and date below.
In consideration of being	permitted to participate in this activity, I hereby authorize any
physician or hospital to provide	such medical care as is required for the immediate diagnosis
and treatment of injury or illness	s sustained.
Additionally, I, for myself	, my heirs, successors and assigns, hereby indemnify, release,
and hold harmless Karen Hensor	(Tournament Director), Elizabethtown Parks and Recreation,
Hardin County Schools, Elizabeth	ntown Community College, the Etown Tennis Commission, the
Central Kentucky Tennis Series, 6	employees, volunteers, tournament sponsors, and others
involved with its planning and ac	ctivities, from any and all claims, demands, causes of action or
damages which may accrue on a	ccount of bodily or personal injury, property damage or death
suffered by myself, (my child), or	any third parties, including employees of the above named
facilities, the sponsors, organizat	cions, Tournament Director, staff and volunteers, arising out of
my participation in the tennis to	urnament, including damages, injury or death arising from the
negligence of the aforesaid parti	es. I, or myself, my heirs, successors and assigns, hereby
assume any and all risks attenda	nt to my participation in the Freeman Lake Fall Classic.
Dated this the day of _	, 20
Signature of Participant	<del>-</del>
Signature of Parent/Guardian	·
(required for participants under	18)