CKTS Campbellsville Championships Release of Liability

I,, understand that even under the safest cor	nditions,
the activities involved with the game of tennis have inherent risks involving possible	injury,
disability, or even death. I further understand that the activity may be physically, me	ntally,
and/or emotionally demanding. I verify that I am free of any medical, physical, or me	ental
conditions that may create undue 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 I	parent or
legal guardian, as indicated on the signature and date below.	
In consideration of being permitted to participate in this activity, I hereby aut	horize any
physician or hospital to provide such medical care as is required for the immediate d	iagnosis
and treatment of injury or illness sustained.	
Additionally, I, for myself, my heirs, successors and assigns, hereby indemnify	, release,
and hold harmless Amber Wolf (Tournament Director), Campbellsville University, Cit	y of
Campbellsville Parks and Recreation, Taylor County Schools, the Central Kentucky Te	nnis Series,
employees, volunteers, tournament sponsors, and others involved with its planning	and
activities, from any and all claims, demands, causes of action or damages which may	accrue on
account 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	'
organizations, Tournament Director, staff and volunteers, arising out of my participa	tion in the
tennis tournament, including damages, injury or death arising from the negligence o	f the
aforesaid parties. I, or myself, my heirs, successors and assigns, hereby assume any a	and all risks
attendant to my participation in the Campbellsville Championships.	
Dated this the day of, 20	
Signature of Participant	
Signature of Parent/Guardian	
(required for participants under 18)	