

**CKTS/LCTA Alton Blakley Lake Cumberland Open Release of Liability**

I, \_\_\_\_\_, understand that even under the safest conditions, 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, mentally, and/or emotionally demanding. I verify that I am free of any medical, physical, or mental 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 parent or legal guardian, as indicated on the 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 sustained.

Additionally, I, for myself, my heirs, successors and assigns, hereby indemnify, release, and hold harmless [Allison Sobieck \(Tournament Director\)](#), [Lake Cumberland Tennis Association](#), [Somerset Independent Schools](#), [Pulaski County Schools](#), [Somerset Community College](#), [Eagle's Nest Country Club](#), the Central Kentucky Tennis 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 participation in the tennis tournament, including damages, injury or death arising from the negligence of the aforesaid parties. I, or myself, my heirs, successors and assigns, hereby assume any and all risks attendant to my participation in the [Alton Blakley Lake Cumberland Open](#).

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Participant \_\_\_\_\_.

Signature of Parent/Guardian \_\_\_\_\_.  
(required for participants under 18)