

**PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK**

In consideration of the services of AAPTC, their agents, officers, volunteers, participants and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as "AAPTC"), I hereby agree to release and discharge AAPTC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I acknowledge that platform tennis entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** Collision with other players, the walls or other fixed objects; falling down; my own equipment failure or the failure of other's equipment; my own or other's negligence; objects or conditions on the court surface that may cause me to fall; broken bones; sprains; head, neck and back injuries; abrasions; and bruises.

Furthermore, AAPTC volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AAPTC from any and all claims, demands, or causes of action, which are in any way connected with my participations in the activity or my use of AAPTC's equipment or facilities, **including such Claims which allege negligent acts or omissions of AAPTC.**
- 4. Should AAPTC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
- 6. In the event that I file a lawsuit against AAPTC, I agree to do so solely in the state of Michigan, and I further agree that the substantive law of that state shall apply in this action without regards to the conflict of law rules of that state.
- 7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

**By signing this document, I agree that if anyone hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against AAPTC on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone with area code ( ) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's name) ("Minor") being permitted by \_\_\_\_\_ to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless AAPTC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
(If notarization is necessary, please sign & stamp this side of form.)

If injured, to which hospital would you like conveyance? \_\_\_\_\_