

OCEAN PINES PLATFORM TENNIS ASSOC

Invites you to a

FUND RAISING TOURNAMENT to benefit **'CATCH A LIFT FOUNDATION'**

(501c3, EIN #27-3901149)

Saturday, September 29, 2018 (rain date 9/30)

Ocean Pines Tennis Center (10 minutes to Ocean City)

Manklin Creek Rd, Ocean Pines MD 21811

Questions: Michael Petito, map11946@yahoo.com

ENTRY FORM AND WAIVER

Men's Doubles and Women's Doubles

APTA Membership not required

Food and Refreshments for participants



Mail form below with check(s) payable to **'OPPTA'** for **\$45.00** per paddle to
S. Walter, 36 Capetown Road, Ocean Pines, MD. 21811

FIRST '64' APPLICANTS WILL RESERVE YOUR SPOT//Deadline to enter: September 15th

RELEASE AND WAIVER: In consideration of my admission to, and/or participation in, the platform tennis tournament to be held Sept 29, 2018 (rain date 9/30/18), at Manklin Meadows Sports Complex in Ocean Pines, activity that may occur ("Activity"), (hereinafter sometimes referred to as "Association"), I, the undersigned, agree to the following terms and conditions:

I understand that participating in the Activity can result in injury. I accept and fully realize that there are inherent dangers and other risks involved in participating in the Activity. I, for myself, my heirs, successors, representatives, assigns, and anyone else who might have a claim by reason of my injury or death hereby knowingly and intentionally release the Association, its directors, officers, managing agents, and agents from any and all liability, damages, injuries, and for all and any claims arising out of my participation in the Activity including resulting from the Association's negligence. I understand that participating in the Activity subjects me to foreseeable and unforeseeable hazards, and I intend for this release to cover those hazards and any and all injuries resulting from these hazards.

I understand that the Association is not taking any steps to safeguard any of my personal property and that I assume all risk associated with any personal property that I may bring on the Activity and hereby release the Association from any claim, injury or liability resulting for damage or loss of my property, including resulting from the Association's negligence.

This Agreement is governed by and shall be construed under the laws of Maryland. Any claims arising under it or in relation to claims for participation in the Activity with the Association shall be filed in Worcester County, Maryland.

I UNDERSTAND THE RISKS OF PARTICIPATING IN THE ACTIVITY AND I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY ACCEPT THE TERMS OF THIS WAIVER AND RELEASE AGREEMENT.

This contract is severable; this is, if any part of it is held by a court of law to be unenforceable, the rest of it shall nevertheless be effective

Name (Print) _____ T-shirt size _____

Address _____

Cell/text _____ Email _____

Emergency Contact Name/Phone _____

SIGNATURE: _____ DATE _____

*Partner: Name (Print) _____ T-shirt size _____

Address _____

Cell/text _____ Email _____

Emergency Contact Name/Phone _____

SIGNATURE: _____ DATE _____

ALL PLAYERS MUST COMPLETE & SIGN ABOVE// INCLUDE CHECK(S) WITH FORM