



**POLISH PHISICIAN
TENNIS CHAMPIONSHIP
KS “BRONEK”
PAMS**

Waiver of Liability

Please Read Carefully:

I, _____, **HEREBY ACKNOWLEDGE** that tennis
(Print Name)

is a dangerous sport which can lead to serious injury, or even death. I understand and agree to personally assume any and all of the liability and risk of playing tennis.

Further, I agree on behalf of myself, my heirs, survivors, guardians, legal representatives, or assignees to **HOLD HARMLESS AND RELEASE** the KS “Bronek”, Polish American Medical Society (PAMS), it’s officers, organizers, representatives and Lions Park District, Prospect Heights, IL from any responsibility or liability for any and all personal injuries or death which I may suffer during and as results of my participation in the Polish Physician Tennis Championship KS “Bronek” PAMS.

By my signature I indicate that I have read and understood this **WAIVER OF LIABILITY** and agree to its terms.

Name (print)

Date

Signature

E-mail

Tel.