



USA Professional Platform Tennis
Association
P. O. Box 666
Summit, NJ 07902
www.pptausa.com

WAIVER & CONSENT FORM

I understand that there are certain risks of injury inherent in the practice and play of platform tennis, as well as in traveling and other related activities incidental to participation in this event, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in this platform tennis event and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed below.

In addition to giving full consent for my participation, I do hereby waive, release and hold harmless the USA Professional Platform Tennis Association, its officers, sponsors, supervisors and representatives for any injury that may be suffered by me in the normal course of participation in the designated sport and the activities incidental thereto, whether the result is negligence or any other cause.

Name _____

Address _____

City/State/Zip _____

Date of Birth _____

Physical limitations (if any) _____

Signature _____

Signature of parent or guardian
(if under 18) _____