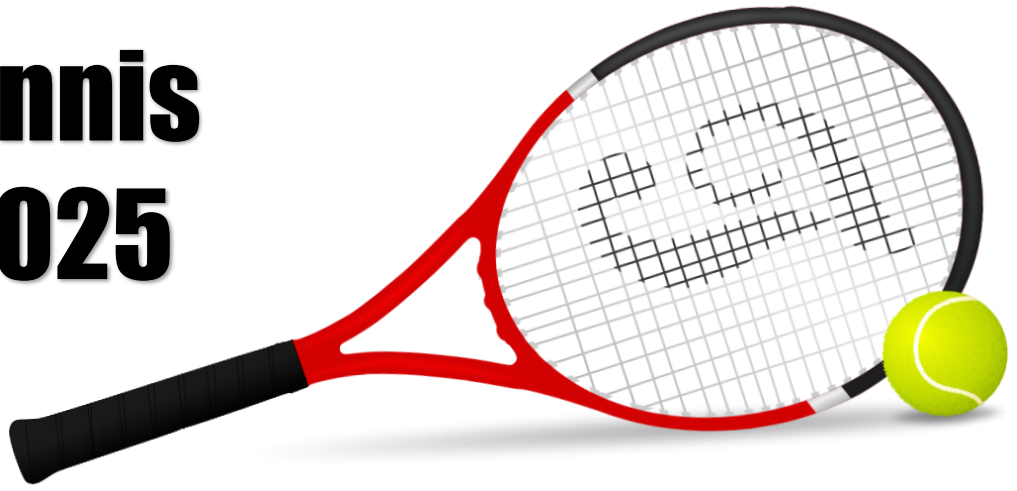


Adult Tennis Mixer 2025



Greetings Tennis Players!

Adult Tennis season is here! The Crosslake Park and Recreation's Adult Tennis Program will begin Monday June 2nd and run through Thursday, August 28th. This co-ed league will meet Mondays and Thursdays from 9:00-11:00 am. The fee for the program is \$ 25.00. We will provide 3 cans of balls each week. Any used cans should be returned for new cans each Thursday. The courts will be reserved during this time for Adult Mixed League Tennis only however, we will be hosting youth lessons and the program will utilize two courts on coinciding days. If the group would like to extend play into September, we would be happy to accommodate the request to reserve the courts however, after the Labor Day Holiday we will no longer provide tennis balls.

Please call 218-692-4271 if you have further questions. We have attached the participation waiver for your convenience and hope you will join us on the courts once again this summer.

Thank you,

Crosslake Parks and Recreation

ADULT TENNIS PARTICIPANT REGISTRATION & WAIVER

NAME _____ MIXED PLAY ONLY!

PERMANENT **MAILING** ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ (Correspondence will be primarily by email)

HOME # _____ SUMMER/CELL # _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

WAIVER OF LIABILITY AND ASSUMPTION OF RESPONSIBILITY

*Print Name _____ (the participant) hereby desires to participate

in the Adult Tennis League at the Crosslake Community Center Tennis Courts.

Wishing to participate in the Activity referenced above and knowing there are certain dangers related to this activity,

I hereby state and affirm that:

My PARTICIPATION is voluntary. I know and am aware of all dangers associated with my participation in this Activity and acknowledge that the City of Crosslake is only administering the registration portion of the Activity.

I understand and agree that neither the City of Crosslake (the "City") or any person acting on the behalf of the City, may be liable in any way for any event which occurs in connection with the Activity, which may result in harm, death, injury or other damage to me.

I understand that the City is not required to supervise the Activity.

In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby release and hold harmless the City and any person acting on behalf of the City in this Activity from any liability for harm, death, injury or other damage which may befall me during this Activity, whether foreseen or unforeseen, however caused and whether or not caused by the negligence of the City or any person acting on behalf of the City. This waiver does not apply to any injuries or damages that are the result of willful, wanton, or intentional misconduct. I further agree and consent to emergency treatment of myself, my child or ward by a physician or hospital.

The terms of this agreement shall serve as a release and assumption of risk for my heirs, executor, administrator and all members of my family. I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.

By signing this waiver, I hereby release the Crosslake Parks & Recreation Department to include my name and telephone number on a roster to be distributed to other registered players. I also agree to release to the USTA my name, address and birth date to be used for grant/funding purposes only.

The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you/your child or ward in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you/your child or ward in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.

Participant Signature _____ Date _____

*Office Use Only 2025

Fee \$25.00 Paid _____ Receipt # _____ \$4.00 Day Pass _____