You are invited to a Birthday Party at

PLAYERS choice
OF THE FOX CITIES, LLC
Indoor Sports & Expo Facility

For _____ Age _____

Date _____ Time _____

Where Players Choice of the Fox Cities, LLC

Indoor Sports & Expo Facility - W3035 Edgewood Trail, Appleton, WI

RSVP _____

ALL YOU NEED TO BRING IS TENNIS SHOES & WAIVER FORM
TO PLAY AT PCFC, LLC INDOOR SPORTS FACILITY

Waiver must be COMPLETED & SIGNED and handed in at the time of birthday party to participate in activities.
Children 17 & under need Parent or Legal Guardian signature.

Name _____ Date of Birth _____ Age _____ M or F

Parent's Name (for youth) _____

Address _____ City _____ State _____ Zip _____

Phone (home)_____ (work)_____ (cell)_____

E-mail _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

In consideration of being permitted to participate in any way in the activities ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin and/or I/ THE MINOR'S PARENT AND/OR LEGAL GUARDIAN ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I/The minor am/is qualified , in good health, and in proper physical condition to participate in such Activity. I/The minor further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. FULLY UNDERATAND THAT: ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I/The minor incur as a result of my participation or that of the minor in the Activity. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Players Choice of the Fox Cities, LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. Also, I waive(s) all rights to any photos taken for use in any Players Choice of the Fox Cities, LLC publication.

Participant's Signature (only if age 18 or over) or Parent/Legal Gardian:_____ **Date:**_____

Players Choice of the Fox Cities - 920-731-7529 - www.pcfoxcities.com