City of Keystone Heights

Serve, Set, & Celebrate – Tennis Exhibition Tournament

Date: Saturday, May 2, 2026

Location: Keystone Heights Tennis Courts

555 S. Lawrence Blvd., Keystone Heights, Fl 32656

Courts Available: 2

Event Overview

This event celebrates the renovation of the Keystone Heights tennis courts and encourages community recreation through a friendly one-day tennis exhibition tournament.

Event Timeline

8:00 AM – Registration table setup and court inspection

9:00 AM – Welcome remarks and ribbon cutting ceremony.

9:30 AM – Exhibition Play Begins

3:30 PM - Exhibition Play Ends

Tournament Bracket

1- Pro Set (8 game, no ad) or 1 hour time limit

Court 1:

9:30am – 10:30am	Player 1 _____ vs _____ Player 2
10:45am – 11:45am	Player 3 _____ vs _____ Player 4
12pm – 1pm	Player 5 _____ vs _____ Player 6
1:15pm – 2:15pm	Player 7 _____ vs _____ Player 8

2:30pm – 3:30pm	Player 9 _____ vs_____ Player 10

Court 2:

9:30am – 10:30am	Player 11 _____ vs _____ Player 12
10:45am – 11:45am	Player 13 _____ vs _____ Player 14
12pm – 1pm	Player 15 _____ vs _____ Player 16
1:15pm – 2:15pm	Player 17 _____ vs _____ Player 18
2:30pm – 3:30pm	Player 19 _____ vs_____ Player 20

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Player Registration Form

City of Keystone Heights

Date: May 2, 2026

Players Name	
Address	
City/State/Zip	
Phone Number	
Email	
Emergency Contact	
Division Entering (Circle)	Women (18+) Men (18+) Doubles/Mixed Doubles Youth (under 18) ** Must have Guardian Present
Parent/Guardian Name	

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Participant Waiver and Release of Liability

THE PARTICIPANT AGREES TO THE FOLLOWING:

1. THE PARTICIPANT is at least 18 years of age or older; otherwise, a parent or legal guardian agrees to the following.

2. THE PARTICIPANT CERTIFIES that he / she is physically able to participate in this activity and agrees to abide by all tournament rules and directions provided by event staff.

3. THE PARTICIPANT HEREBY RELEASES, WAIVES AND DISCHARGES CITY OF KEYSTONE HEIGHTS, its elected officials, directors, officers, employees, volunteers, agents, and independent contractors from all liability of the participant and/or their personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the above-named Participant, whether or not caused by the negligence and/or property of City of Keystone Heights, their directors, officers, employees, agents, and independent contractors.

4. THE PARTICIPANT understands the activity in which he / she will be engaged may be inherently dangerous, and THE PARTICIPANT knowingly and freely chooses to participate despite those risks. THE PARTICIPANT further recognizes that by participating in recreational activities he or she may experience potential health risks, including, but not limited to death, and willfully assumes those risks. THE PARTICIPANT assumes full responsibility during and after participation, and hereby agrees to release CITY OF KEYSTONE HEIGHTS, its directors, officers, employees, and agents from all liability to THE PARTICIPANT and/or their personal representatives, assignees, heirs, and next of kin.

5. THE PARTICIPANT HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, DUE TO THE NEGLIGENCE OF City of Keystone Heights, its directors, officers, employees, agents, and independent

contractors or otherwise the pertaining to the above-named Participant being in, upon or about the premises of City of Keystone Heights and/or while using the premises or facilities or equipment thereon.

6. THE PARTICIPANT HEREBY PERMITS the taking of photographs and/or video of themselves and/or the above-named Participant by City of Keystone Heights during recreation classes or activities to be used at the County's reasonable discretion.

7. THE PARTICIPANT, OR THE PARENT / LEGAL GUARDIAN, HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agrees that no oral representations, statements or inducement different than this written agreement has been made.

8. Health/ Emergency Authorization - Please list all health concerns, allergies, limitations, or restrictions you have (use back of page if needed):
   _____
   _____
   _____
   In an emergency, I hereby authorize the above-named participant to be treated by a physician or emergency personnel. _____ (Initial)

_____ _____
Participant Signature Date

_____ _____
Parent/Guardian Signature (if under 18) Date