



Player's name: _____

League Area: _____ Team _____ Age/Division: _____

Parent/Guardian: _____ Phone: _____

Consent & Waiver Form

Consent to Communications: I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the USTA Southern, its member organizations, and their representatives, via email or fax.

Signature of parent/guardian (must be over 18): _____ Date: _____

Consent to Publication. I hereby give the USTA Southern, its member organizations, and their representatives the irrevocable right to use my name, picture, photograph, or other likeness in all forms and media, and in all manners. This includes but is not limited to print and the web. I waive the right to inspect or approve the finished version (s), including any written copy that may accompany it.

Signature of parent/guardian (must be over 18): _____ Date: _____

Medical Release: I hereby consent to emergency first aid and other medical procedures, or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, which at the time of injury or illness seem reasonably advisable.

Emergency Contact Information:

Name: _____ Home number: _____ Work: _____ Cell Phone: _____

Name: _____ Home number: _____ Work: _____ Cell Phone: _____

Signature of parent/guardian (must be over 18): _____ Date: _____

Waiver and Indemnity Agreement:

Acceptance of my entry in these events is without responsibility of any kind by the USTA, the USTA Southern, the host clubs, committees, or the management of any event in which I may be entered or may participate. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge the USTA Southern, the host clubs, their officers, committees, and representatives and their successors and assigns, of and from any and all claims, demands, and injuries, however arising, whether caused by the negligent or intentional acts of the USTA Southern and its representatives, representatives of other sponsoring

entities, or by third parties, which injuries may be in any way related to my activities during the tournament and any period traveling to or from the events described, and all such claims are hereby waived and released, and I covenant not to sue therefore.

The parent or guardian, by signing below, does hereby agree to indemnify and hold harmless the USTA Southern and its representatives and the sponsoring entity from any liability which they may incur to the entrant, howsoever arising and whether caused by the negligent or intentional acts of the USTA/STA, its representatives, or the sponsoring body. I understand that this tournament will be governed by applicable USTA rules and regulations, the rules and regulations of this tournament, the rules and procedures governing discipline of players in

USTA Southern sanctioned tournaments, the USTA Southern code of ethics, tournament policy, and ranking regulations and agree to conduct myself accordingly.

I have read and understand the foregoing releases, waivers and indemnity agreement.

Signature of parent/guardian (must be over 18): _____ Date: _____

This form must be completed and signed by the parent/guardian for every player on every team. Form must be submitted by no later than July 3th, 2017 to:

North Carolina Tennis Association
Sara Worth Hodges
2709 Henry Street
Greensboro, NC 27405

Phone: 336-852-8577

Fax: 336-852-7334

Email: saraworth@nctennis.com

Websites: www.nctennis.com