



Release & Waiver

Please complete this Release and Wavier, sign it, have your parent or guardian sign it, and take the signed form with you to the tournament you are entering. This form must be presented at on-site registration in order to participate in the event. Please use black ink and print clearly.

PLAYER NAME:	AGE DIVISION: (circle one) B18 B16 B14 B12 G18 G16 G14 G12		
EVENT:	DATE:		
ADDRESS: (street)	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>
PHONE (home): ()	PHONE (parent office): ()		
SECTION:	USTA MEMBERSHIP NO.:	<i>exp.date</i>	

LIKENESS RELEASE & WAIVER: I hereby acknowledge and grant to the United States Tennis Association Incorporated ("USTA"), The USTA Foundation Incorporated, USTA Player Development ("USTAPD"), their related entities, subsidiaries, affiliates, successors, assigns, and to such other persons as USTA may designate or give permission to from time to time (collectively, the "Released Parties"), the absolute, irrevocable right and permission to use, in any manner, throughout the world, in perpetuity, my name, voice, portrait, likeness, biographical information, testimonials and statements (including but not limited to photographs, video, film and/or other recordings of me), either alone or accompanied by other material, in any media and formats whether now known or later developed, for any purpose relating to developing and promoting the growth of tennis in the United States, and advertising and publicizing the USTA and its products and/or services. I agree that any recordings, images, photographs, film, and/or videotape taken of me are owned by USTA. If I should receive any copy thereof, I shall not authorize its use by anyone else. I hereby waive all my rights to inspect and approve the finished product and materials, their use or such visual, written or audio copy as may be used in connection therewith.

LIABILITY RELEASE & WAIVER: Acceptance of my entry in these events is without assumption or responsibility of any kind by the Released Parties, the USTA Sectional Associations, USTA Junior Competition Committee, host facility 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 my legal representatives release and forever discharge the Released parties, their officers, committees, and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries, including, without limitation, the risks of contracting a communicable disease or illness (including exposure to a bacteria, virus or other pathogen capable of causing a communicable disease or illness), which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the events described, and all claims are hereby waived and released, and I covenant not to sue therefore. Such waiver and release shall apply to any liability caused in whole or in part by the negligence of the Released Parties in connection with my entry or participation in the events.

MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid, treatment from an athletic trainer or physiotherapist, and other medical procedures which at the time of injury or illness as seems reasonably advisable. I understand that all sessions, except in an emergency, must follow the USTA Safe Play Proactive Policies in the [USTA Safe Play Policy](#) and that my parent/legal guardian or I can withdraw consent at any time. I further understand that I will be responsible for payment of any such medical procedures. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of the USTA and/or the same as may be adopted by the USTA for this Event and hereby consent to be tested for drugs pursuant to the provisions thereof.

SAFETY: I hereby acknowledge that although the USTA has implemented enhanced safety measures and precautions, an inherent risk of exposure to COVID-19 and other communicable disease or illness (including exposure to bacteria, virus, or other pathogen capable of causing a communicable disease or illness) exists in any public space. I agree that I shall at all times follow CDC guidelines and comply with all USTA protocols while I am at any of these event.

I have read and have understood this Release & Waiver. I understand by signing this Release, I have given up substantial rights. I have voluntarily signed this Release & Waiver. I am at least 18 years of age and I am competent to contract in my own name. I have read this Release & Waiver before signing below, and I fully understand the contents, meanings, and impact of this Release and Waiver.

Player Signature: _____ Date: _____

Signature of Parent or Guardian (if under 18): _____

Print Name: _____

Print Name of Child: _____

Date: _____