



MIDWEST  
NORTHERN ILLINOIS

## NITA WAIVER OF RESPONSIBILITY and GOOD CONDUCT PLEDGE

***This form and NITA Fees MUST be mailed to NITA prior to your departure for the Team Cup event. Mail to 115 Brook Street, Algonquin, IL***

### WAIVER OF RESPONSIBILITY

My acceptance as a team member of the USTA/Midwest District Team Cup – BG12, BG14, B18 or the Marion Wood Baird Team Cup – G18, representing the Northern Illinois District Tennis Association, is without assumption of responsibility of any kind by the USTA, the USTA/Midwest Section, the Northern Illinois District, NITA staff, coaches or chaperones, the host facility, management, or committees of the event. In consideration of my selection and acceptance of a position on the team, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge the USTA, USTA/Midwest, Northern Illinois District including district staff, board or committee members, coaches or chaperones, host facility, management, or committees of the event, and their successors and assigns, of and from any and all claims and demands of every kind, nature, and character, which I may have or may hereafter acquire, for any and all damages, losses or injuries which I may be suffer or sustain in connection with my activities during the period for which such permission is waived and released, and I covenant not to sue therefore.

I understand that this event will be governed by applicable USTA rules and regulations, the USTA/Midwest rules and regulations of this event, the rules and procedures governing discipline of players in USTA/Midwest sanctioned events, the USTA/Midwest Code of Ethics, Standing Orders, tournament policy, and ranking regulations, and I agree to conduct myself accordingly, both on and off the court.

### GOOD CONDUCT PLEDGE: PLEASE READ BEFORE SIGNING!

**I further agree to exhibit the highest standards of sportsmanship and team cooperation during my participation in this event and will respect the authority and decisions of the NITA team coaches. I will do my best to conduct myself in a dignified and responsible manner throughout the event, as a representative of all Northern Illinois District players in my age division.**

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Signature of Player\*

Date

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\*Signature of Parent/Guardian (*mandatory if player is under age 18*)

Date

Rev 5/1/2017

**RETURN THIS FORM & FEES  
BEFORE LEAVING FOR TEAM CUP  
TO: NITA, 115 Brook Street  
Algonquin, IL 60102**