

NITA WAIVER OF RESPONSIBILITY & GOOD CONDUCT and TEAM SUPPORT PLEDGE

This form and NITA Player Fee MUST be received by May 30, 2019

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 and TEAM SUPPORT PLEDGE

As a member of the team representing the Northern Illinois District of USTA/Midwest, I will do my best to exhibit the highest standards of sportsmanship and team cooperation during this event. I will respect the authority of the NITA team coaches as well as their decisions regarding the placement of players in team lineups. I pledge to put forth my best efforts during play as well as respect and support the efforts of my teammates throughout the competition in promoting strong team unity.

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

Rev 5/10/2019

THIS FORM MUST SIGNED AND RECEIVED BY May 30, 2019

Mail: NITA, 115 Brook Street Algonquin, IL 60102

Fax: 847-458-5807

Email: pam@northernillinoistennis.com