

UNITED STATES TENNIS ASSOCIATION
SOUTHEASTERN MICHIGAN DISTRICT



2018-19 CONSENT, WAIVER AND RELEASE FORM

(To be completed by parents or legal guardians)

PARTICIPANT NAME

TEAM FACILITY

DOES YOUR CHILD HAVE ANY MEDICAL NEEDS, ALLERGIES, ETC?

In consideration of the United States Tennis Association Incorporated's acceptance of the player's ("Participant") entry into and participation in the Southeastern Michigan USTA Junior Team Tennis 2018-19 Season, and any event or activity related thereto, the Participant hereby agrees to this consent, waiver and release.

Liability Release

Participant hereby releases, discharges and holds harmless United States Tennis Association Incorporated (USTA), its sectional associates, the venues of the event and each of their respective officers, directors, agents, employees, representatives, sponsors, successors and assigns (collectively, the "Releasees") from and against any and all claims, demands, damages, causes of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of the "Uses" (as defined above) and Participant's participation in the Southeastern Michigan USTA Junior Team Tennis 2018-19 Season, any related event(s), any tryout competition for such event(s), and travel to and from such event(s), and participant does hereby covenant and agree that Participant will not sue or otherwise make any claim against Releasees for any reason.

Medical Release

Participant hereby consents to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness seems reasonably advisable. Participant further understands and agrees that Participant will be responsible for payment of any such medical procedures. Participant hereby agrees to abide by all applicable rules and regulations and codes that the USTA and its sectional associates adopt for the Southeastern Michigan USTA Junior Team Tennis 2018-19 Season.

SIGNATURE

DATE
