



**2015 USTA National Doubles Championship**  
**August 27-29, 2015**  
**RELEASE & WAIVER**

The USTA requires a signed Release and Waiver to participate in the USTA National Doubles Championship. Please complete this form, have it signed by the player and parent or guardian and take the signed form with you to the USTA National Doubles Championships. The signed form must be presented at Registration prior to participating in the tournament. The form may also be emailed to AndreaN64@aol.com or faxed to (408) 638-0933 if it is received on or before August 21st.

This PDF form has been set up to allow you to type in all information other than the required signatures using Adobe Acrobat Reader, Adobe Acrobat, or Apple Preview. If using Adobe Acrobat Reader, the typed information will not be saved when the document is closed; be sure to print before closing the document.

Player Name: \_\_\_\_\_ Event : B16  B14  G16  G14

Address, City, State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

USTA Section: \_\_\_\_\_ USTA Membership Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**LIKENESS RELEASE & WAIVER:** I hereby acknowledge and grant to the United States Tennis Association Incorporated ("USTA"), its related entities, subsidiaries, affiliates, successors, assigns, and to such other persons as USTA may designate or give permission to from time to time (collectively, "Licensees"), 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 USTA, its Sectional Associations, committee 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 USTA, its officers, committees, and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries 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 therefor.

**MEDICAL RELEASE:** I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness as seems reasonably advisable. 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.

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: \_\_\_\_\_

.....  
 Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_