## "Wilde" Card Event Entry Form





## In association with:

## The Wilde Lexus Women's USTA Pro Circuit Event at The Oaks Club

**What:** A tournament for players to compete for the chance to gain entry into The Wilde Lexus Women's USTA Pro Circuit Event March 27 - April 3. Winner receives a "Wilde" card into the qualifying event.

Date: March 11 - 13, 2016 Place: The Oaks Club Tennis Center

Format of Play:

- \* 32 Field Entry Limit (will accept the first 32 entrants)
- \*Alternate List will be managed on a first come first served basis
- \*All matches will played under USTA rules and in accordance with the "code"
- \*Random draw, no seeds will be awarded. Draw placement is at the discretion of the Tournament Director
- \*Conduct unbecoming of the expectations of the Tournament Director and Membership of The Oaks Club will be grounds for immediate disqualification.

Cost: \$50.00 per player

**Deadline:** Wednesday March 9, 9:00 p.m. Call the tournament desk at 6:00 p.m. on Thursday, March 10 for Draw Times, 941-966-3605.

The Oaks Club Corporation, and all of its officers, directors, Members, employees and agents ("Releasee") shall not be liable for any injuries or death or any damage to any participant in the Wild Card Event, or be subject to any claim, demand, injury or damages, whatsoever, including without limitation, those injuries, death or damages resulting from any passive or active negligence on the part of Releasee. The undersigned individual, parent or legal guardian, individually and as natural guardian of the child participating in the Wild Card Event, does hereby expressly forever release and discharge Releasee from all such claims, demands, injuries, damages, actions or causes of action that could be asserted against Releasee for any passive or active negligence on the part of Releasee which relates in any way to the Wild Card Event. The undersigned acknowledges that he/she has carefully read this paragraph and fully understands that this is a waiver and release of liability.

Participant Name:			Date of Birth:	
Address				
City	State	Zip	Cell Phone	
Signature (Parent or Lega	l Guardian if under 18	3 yrs):		
Print Name:			Date:	

- \*This application and waiver must be signed in order to participate.
- \*Scan/email to <a href="mailto:twhitten@theoaksclub.com">twhitten@theoaksclub.com</a> or mail to: The Oaks Club, Attn: Tennis, 317 MacEwen Dr., Osprey, FL 34229. Confirmation of entry and security gate entry instructions will be confirmed by phone.
- \*Cash or Check accepted, checks payable to The Oaks Club.
- \*Questions: Contact Tom Whitten, Tournament Director at 941-966-3605 or 530-515-0728