



USTA Arkansas Junior Team Tennis State Championships

Consent & Waiver Form

Player's Name _____ & Age _____

Parent or Guardian Name _____ Contact # _____

Consent to Publication. I hereby give the USTA Southern, its member organizations, and their representatives the irrevocable right to use my name, picture, photograph, or other likeness in all forms and media, and in all manners. This includes but is not limited to print and the web. I waive the right to inspect or approve the finished version (s), including any written copy that may accompany it.

☐ Accept above consent as written

☐ Decline any form of media to be used by USTA

Signature of parent/guardian (must be over 18): _____ Date: _____

Medical Release: I hereby consent to emergency first aid and other medical procedures, or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, which at the time of injury or illness seem reasonably advisable.

Emergency Contact Information:

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Signature of parent/guardian (must be over 18): _____ Date: _____

Waiver and Indemnity Agreement: Acceptance of my entry in these events is without responsibility of any kind by the USTA, the Arkansas Tennis Association (ATA), the host clubs, 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, my heirs, and legal representatives release and forever discharge the ATA, the host clubs, their officers, and representatives of any and all claims, demands, and injuries whether caused by the negligent or intentional acts of the ATA and its representatives which injuries may be in any way related to my activities during the program. All such claims are hereby waived and released, and I covenant not to sue therefore.

The parent or guardian, by signing below, does hereby agree to indemnify and hold harmless the ATA and its representatives and the sponsoring entity from any liability which they may incur to the entrant. I understand that this program will be governed by applicable USTA rules and regulations, the rules and regulations of this program, and agree to conduct myself accordingly.

I have read and understand the foregoing releases, waivers and indemnity agreement.

Signature of parent/guardian (must be over 18): _____ Date: _____