

Medical Release, Consent to Communications, Consent to Publication, Waiver

Player's Name _____ State _____ Age/Division _____

Parent or Guardian Name _____ Contact # _____

Consent & Waiver Form

Consent to Communications: I understand that by providing my mailing address, email address, telephone number I consent to receive communications sent by or on behalf of Owensboro/Daviess County Tennis Association via email or mail.

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

Email address: _____

Consent to Publication. I hereby give Owensboro/Daviess County Tennis Association 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.

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 Owensboro/Daviess County Tennis Association, USTA, USTA Southern, and USTA Kentucky, the host clubs, committees, or the management of any event or program in which I may be entered or may participate. In consideration of the acceptance of my entry/registration, I do hereby for and on behalf of myself and my heirs and legal representatives release and forever discharge the Owensboro/Daviess County Tennis Association, USTA Kentucky, the host clubs, their officers, committees, and representatives and their successors and assigns, of and from any and all claims, demands, and injuries, however arising, whether caused by the negligent or intentional acts of the USTA Kentucky and its representatives, representatives of other sponsoring entities, or by third parties, which injuries may be in any way related to my activities during the tournament and any period traveling to or from the events described, and 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 USTA Kentucky and its representatives and the sponsoring entity from any liability which they may incur to the entrant, howsoever arising and whether caused by the negligent or intentional acts of the USTA Kentucky, its representatives, or the sponsoring body. I understand that this tournament will be governed by applicable USTA rules and regulations, the rules and regulations of this tournament, the rules and procedures governing discipline of players in USTA Kentucky sanctioned tournaments, the USTA Kentucky code of ethics, tournament policy, and ranking regulations and agree to conduct myself accordingly.

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

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