

USTA SOUTHERN ALABAMA TOURNAMENT, EVENT & CAMP. Medical and Photo/Video Release

Please complete these releases, sign them, and if you are a minor have your parent or guardian sign them and take the signed form to the tournament, event, or camp registration desk. This form must be presented at on-site registration to participate in the tournament, event, or camp. Please use black ink and print clearly.

NAME OF TOURNAMENT, EVENT, CAMP:

NAME: (Please print) _____ AGE (if minor) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PRIMARY PHONE: _____ SECONDARY PHONE (or parent): _____

USTA SOUTHERN ALABAMA RELEASE: United States Tennis Association Southern Section Alabama District (USTA Southern/Alabama) requires a signed release covering all entrants in USTA/Southern/Alabama tournaments, events, and camps. The release must be signed by the participant, and parent or guardian of any entrant who is a minor. Acceptance of my participation in these events is without assumption or responsibility of any kind by USTA/Southern/Alabama, its state or district associates, its officers, employees, committees or other representatives, or the management of any event in which I may be entered or may participate (collectively, the "Released Parties"). In consideration of the acceptance of the above participant(s), I do hereby for and on behalf of myself, and my heirs and my legal representatives release and forever discharge the Released Parties and their successors and assigns, of and from all claims and damages, losses or injuries which may be suffered or sustained by the participant(s) in connection with the Event, and covenant not to sue therefore.

Signature of Participant, Parent or Guardian Date

MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures, which at the time of injury or illness 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/Southern/Alabama and/or the same as may be adopted by the USTA/Southern/Alabama for this USTA/Southern/Alabama, event, or camp, and hereby consent to be tested for drugs pursuant to the provisions thereof.

Signature of Participant, Parent or Guardian Date

PHOTO/VIDEO RELEASE: For valuable consideration received, I grant to USTA/Southern/Alabama and the photographer/videographer representing USTA/Southern/Alabama ("Photographer/Videographer") and his/her legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs and videos of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Photographer/Videographer and his/her legal representatives and assigns from all claims and liability relating to said photographs. You are also giving permission to USTA Sections, State Associations, Districts and the USTA to use these photos and videos.

Signature of Participant, Parent or Guardian Date