DHTC Easter Junior Satellite Tennis Tournament

Release

Please complete this DHTC Release, sign it, have your parent or guardian sign it, and take the signed form with you to the DHTC tournament site you will be playing at. This form, signed by your parent or guardian and you, must be presented at on-site registration in order to participate in the event. Please use black ink and print clearly.

NAME:	**DIVISION:** (circle one) *B16 B14 B12 B8 G18 G16 G14 G12 G10*
NAME OF EVENT: DHTC Easter Junior Satellite Tennis Tournament	
ADDRESS: *(street)*	*(city)* *(state)* *(zip)*
PHONE (home): ( )	**PHONE (parent office):** ( )
SECTION:	**USTA MEMBERSHIP NO.:** *exp.date*

The release must be signed by the entrant and parent or guardian of any entrant who is a minor.

Acceptance of my entry in these events is without assumption or responsibility of any kind by the Dana Hills Tennis Center, South Coast Water District, Laguna Niguel Racquet Club, Nellie Gail Tennis Club, USTA, its sectional associates, 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 Dana Hills Tennis Center, Laguna Niguel Racquet Club, Nellie Gail Tennis Club, USTA, SCTA, 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 therefore.

DISQAULIFICATION:
I understand and comply with the conditions for disqualification (Satellite eligibility rules). If disqualified, I will not bring legal action against the Dana Hills Tennis Center, South Coast Water District, Laguna Niguel Racquet Club, Spearman Industries, Nellie Gail or any other parties associated with the tournament.

The Dana Hills Tennis Center Easter Junior Satellite Tennis Tournament reserves the right to refuse service to anyone at anytime for any reason.

Signature of Entrant Signature of Parent or Guardian

Date Street City State Zip

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 and/or the same as may be adopted by the USTA for this USTA Junior tournament.

Signature of Entrant Signature of Parent or Guardian

Date Street City State Zip