

## Release & Waiver

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

<b>PLAYER NAME:</b>	<b>AGE DIVISION: (circle one) <i>Red, Orange, Green, Yellow</i></b>		
<b>EVENT: Titans of Tennis IV</b>	<b>DATE: 10/08/2022</b>		
<b>ADDRESS: (street)</b>	<i>(city)</i>	<i>(state)</i>	<i>(zip)</i>
<b>PHONE (home):</b> (        )	<b>PHONE (parent office):</b> (        )		

**LIKENESS RELEASE & WAIVER:** I hereby acknowledge and grant to the Ocala Tennis Association (OTA) the absolute, irrevocable right and permission to use, in any manner my name, voice, portrait, likeness, biographical information, testimonials and statements (including but not limited to photographs, video, film and/or other recordings of me), I hereby waive all my rights to inspect and approve the finished product and materials, their use or such visual, written or audio copy as may be used in connection therewith.

**LIABILITY RELEASE & WAIVER:** Acceptance of my entry in these events is without assumption or responsibility of any kind by the Ocala Tennis Association 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 OTA, 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 therefor.

**MEDICAL RELEASE:** I hereby consent to the rendering of emergency first aid and other medical procedures which at the time of injury or illness as 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 OTA and/or the same as may be adopted by the OTA for this Event.

I have read and have understood this Release & Waiver. I understand by signing this Release, I have given up substantial rights. I have voluntarily signed this Release & Waiver. I am at least 18 years of age and I am competent to contract in my own name. I have read this Release & Waiver before signing below, and I fully understand the contents, meanings, and impact of this Release and Waiver.

Player Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Signature of Parent or Guardian** (if under 18): \_\_\_ **Print Name:** \_\_\_\_\_

**Print Name of Child:** \_\_\_\_\_

**Date:** \_\_\_\_\_