



USTA Mississippi Tournament
Communications Publication & Medical
Release Form

Only originals can be accepted and should be turned in during the onsite tournament registration.

Player's Name Team 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, and fax number, I consent to receive communications sent by or on behalf of the USTA Southern, its member organizations, and their representatives, via email or fax.

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

Consent to Publication. I hereby give the USTA Mississippi, its member organizations, and their representatives the irrevocable right to use my name, picture, photograph, video 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 USTA, the USTA Mississippi, the host clubs, committees, 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 legal representatives release and forever discharge the USTA Mississippi, 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 MS 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 MS 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/MTA, 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 MS sanctioned tournaments, the USTA MS code of ethics, tournament policy, and ranking regulations 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:

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