



USTA Tennessee  
State Championship  
Consent & Waiver Form

I hereby give USTA Tennessee and their representatives 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.

Accept above consent as written       Decline any form of media to be used by USTA

Print Child's  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

**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. I further understand that I will be responsible for payment of any such medical procedures.

Print Child's  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

**Waiver and Indemnity Agreement:** In consideration of my participation in these tennis activities, I the undersigned, agree to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the United States Tennis Association (USTA), the host facility and any and all sponsors and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I have read and understand the foregoing releases, waivers and indemnity agreement.

Print Child's  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)