

USTA SOUTH CAROLINA TOURNAMENTS  
USTA South Carolina & Medical Release

Please complete this USTA South Carolina & Medical Release, sign it and take the signed form with you to the USTA South Carolina tournament you are entering. This form, signed by your parent or guardian if under 18 and you, must be presented at on-site registration in order to participate in the event. Please use black ink and print clearly.

NAME: \_\_\_\_\_

AGE DIVISION: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

PHONE(home): \_\_\_\_\_ PHONE(work): \_\_\_\_\_

SECTION: Southern

USTA MEMBERSHIP NUMBER: \_\_\_\_\_ (exp. date) \_\_\_\_\_

**USTA SOUTH CAROLINA RELEASE:** The USTA South Carolina requires a signed release covering all entrants in USTA South Carolina events. 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 USTA South Carolina, 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 USTA South Carolina, 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.

\_\_\_\_\_  
Signature of Entrant Signature of 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 South Carolina and/or the same as may be adopted by the USTA South Carolina tournament, and hereby consent to be tested for drugs pursuant to the provisions thereof.

\_\_\_\_\_  
Signature of Entrant Signature of Parent or Guardian

\_\_\_\_\_  
Date