



**SOUTHERN  
GEORGIA**

**USTA GEORGIA JUNIOR TOURNAMENTS  
USTA Georgia Release & Medical Release**

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

**Name:** \_\_\_\_\_ **USTA Membership #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

**Phone (Home):** \_\_\_\_\_ **Phone(Parent Office):** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Age Division:** (circle one) B18 B16 B14 B12 B10 B8 G18 G16 G14 G12 G10 G8

**USTA Georgia Release:** USTA Georgia requires a signed release covering all entrants in USTA Georgia 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 USTA Georgia, its state associates or 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 USTA Georgia, 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)*

\_\_\_\_\_  
*(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 USTA Georgia and/or the same as may be adopted by USTA Georgia for this USTA Georgia tournament, and hereby consent to be tested for drugs pursuant to the provisions thereof.

\_\_\_\_\_  
*(Signature of Entrant)*

\_\_\_\_\_  
*(Signature of Parent or Guardian)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip)*