



UNITED STATES TENNIS ASSOCIATION

# 2011 Florida Open Championships Entry Supplement / Release Form

**NAME:** \_\_\_\_\_ **AGE DIVISION:** (circle one) B18 B16 G18 G16  
**NAME OF EVENT:** Florida Open Championships  
**ADDRESS:** (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_  
**Phone (home):** ( \_\_\_\_\_ ) \_\_\_\_\_ **PHONE (parent office):** ( \_\_\_\_\_ ) \_\_\_\_\_  
**SECTION:** \_\_\_\_\_ **USTA Membership NO:** \_\_\_\_\_

**USTA RELEASE:** The USTA and the Tournament Committee require a signed release covering all entrants in national USTA events. The release must be signed by the entrant and the parent/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, 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, its officers, committees, and representatives and their successors and assigns, of and from any and all claims and demands, 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 event described, and all claims are hereby waived and release, 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 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. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of the USTA and/or the same as may be adopted by the USTA for this USTA Junior Championships, 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

**PUBLICITY RELEASE:** I hereby give consent to the 2010 Florida Open Tournament to use my name, picture likeness, and/or biographical materials for the promotion of the Florida Open Championships. I hereby release and agree to hold harmless the Tournament from any and all claims of any kind which I, my heirs, executors and assigns, may have on account of the use of any photographs, videos, or any other media generated as a result of my participating in the Tournament.

Signature of Entrant	Signature of Parent or Guardian
Date                      Street	City                                      State                                      Zip

**Return to the address below, send via fax, email, or bring to Registration.**  
**Signed waivers are required for participation in the tournament.**  
**Beth Behrhorst, Tournament Co-Director, 12950 Beacon Cove Ln, Fort Myers, FL 33919**  
**Fax: (239) 267-8954, E-Mail: FloridaOpen@aol.com**