

Abilities Tennis Association of North Carolina, Inc. ("ATANC") Release & Medical Release for Tournaments, Clinics, & Events

Please complete this Abilities Tennis Association of North Carolina Release and Medical Release, sign both releases, have your parent or guardian sign them, and take the signed form with you to the ATANC tournament, clinic, or event in which 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: _____

Address: _____
(Street) (City) (State) (Zip)

Phone (Home): _____ Phone (Parent Office/Cell): _____

Name of Event: _____

ATANC Release: ATANC requires a signed release covering all entrants in ATANC events. The release must be signed by the adult entrant or by the 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 ATANC, its 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 ATANC, 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 Adult Entrant or Signature of Parent or Guardian of Minor Entrant) (Date)

**If attendee is under 18 years of age, parent or legal guardian must sign on behalf of attendee.*

Comments: Please provide any additional information that might affect this player, such as seizures, behavioral issues, medication, etc:

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 ATANC for this ATANC event, and hereby consent to be tested for drugs pursuant to the provisions thereof.

(Signature of Adult Entrant or Signature of Parent or Guardian of Minor Entrant) (Date)

**If attendee is under 18 years of age, parent or legal guardian must sign on behalf of attendee*

Abilities Tennis Association of North Carolina

MEDIA RELEASE FORM

In consideration for my attendance at the _____, I hereby irrevocably grant to the Abilities Tennis Association of North Carolina, Inc. ("ATANC"), their affiliates, subsidiaries, successors, assigns, and licensees the worldwide right to use, separately or together with others, my name, picture likeness and/or biographical materials, including the official ATANC website, for the promotion of their programs/activities, I hereby release and agree to hold harmless the ATANC from any and all claims of any kind which I, my heirs, executors and assigns, may have on account of participating in the above mentioned Abilities Tennis Event and the use of any photographs, videos or any other media generated as a result of my participating in the program.

I waive and release any and all rights and claims against the ATANC and/or their employees for any injury or loss suffered while taking part in this program.

By signing below I have read, understand and agree to the foregoing.

Dated _____

Attendee Signature: _____

Attendee Printed Name: _____
Last Name, First Name, Middle Initial

Age: _____

*Parent or Legal Guardian Signature: _____

**If attendee is under 18 years of age, parent or legal guardian must sign on behalf of attendee.*