



INTERCOUNTY TENNIS ASSOCIATION ANNUAL TOURNAMENT
PARTICIPANT WAIVER FORM

This Waiver must be signed by the Participant or Parent/Guardian of Participant (if participant is under 18 years old) for the InterCounty Tennis Association (ICTA) Tournament.

WAIVER

The undersigned acknowledges and agrees to assume all risk for bodily injury, waive all claims for injury and property damage and release and hold harmless the ICTA, Miele Ltd., Tennis Canada, Ontario Tennis Association, its management and partners, the participating players and volunteers from any liability for personal injury and property loss or damage whether occurring prior to, during or subsequent to the ICTA Annual Tournament, and consents and grants permission to the ICTA, Tennis Canada, Ontario Tennis Association, the organizers of this tournament or its or their respective officers, agents, representatives, and/or assigns to use (without, for greater certainty, any further consent or fee being required) any photography, videotape or other electronic recording device of my image taken, filmed or recorded during, or in connection with, my participation in this ICTA sanctioned tournament, for any promotional, news or other purpose.

I understand the nature of this event and the inherent risks of participating in such an event.

Team name, league and division _____

Name of Participant (Please print)

Name of parent/guardian (Please Print)

Signature of Participant

Signature of Parent/Guardian

Date: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____

Home Phone # _____ Cell or alternative Phone # _____