



BROOKSIDE USTA TEAM NON-MEMBER

WAIVER AND RELEASE – March 15, 2017

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

TEAM: _____ TEAM CAPTAIN: _____

NON-MEMBER FEE \$50.00 HAS BEEN PAID

In case of emergency, please call:

NAME: _____ PHONE: _____

In consideration of being allowed to participate in the Brookside Club of Saratoga USTA program, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation and;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Brookside Club, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

Signature: _____ Date: _____