Brian Elliott Memorial Scholarship Open Doubles

Tennis Tournament Entry Form

www.BriansSong.org

Tournament: <u>Br</u>	<u>ian Elliott Memorial S</u>	<u>Scholarship</u> Dat	es:
Player 1 Name_		_ Birth Date:	
Address:		_	
City:			
	(home)		(cell)
Email:			
Based on entries	s received we will send o For more information v	out complete draw	
Player 2 Name_		Birth Date:	
Address:		_	
City:			
State		_	
Phone:	(home)		(cell)
Email:			
Fees E	nclosed <u>: \$40.00</u>	Guaranteed	d two matches
Format: 2 match breakers starting a	at 6 games all	t of 3 six game sets	; "No" ad scoring; 12 point tie
Divisions			
Male()	FEMALE()	$MIXED(\)$	ADULT-YOUTH()

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WAIVER OF RESPONSIBILITY Player One

MEDICAL RELEASE: I hereby consent to emergency medical and/or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, in the event such need arises in the opinion of the duly licensed physician.

WAIVER AND INDEMNITY AGREEMENT: Acceptance of my entry in these events is without responsibility of any kind by the Brian Elliott Memorial Scholarship and any other entity sponsoring the event. I do hereby for and on behalf of myself and my heirs and legal representatives RELEASE and forever discharge the Brian Elliott Memorial Scholarship, its officers and representatives, from any and all claims, demands, and injuries, howsoever arising, whether caused by the negligent or intentional acts of the Brian Elliott Memorial Scholarship and its representatives, representatives of other sponsoring entities, or by third parties, which injuries may be in any way related to my activities during the tournament and any period traveling to or from the events described, and all such claims are hereby WAIVED AND RELEASED, and I covenant not to sue therefore. The parent or guardian by signing below, does hereby agree to INDEMNIFY and hold harmless the Brian Elliott Memorial Scholarship and its representatives and the sponsoring entity from any liability which they may incur to the entrant, howsoever arising and whether caused by the negligent or intentional acts of the Brian Elliott Memorial Scholarship, its representatives, or the sponsoring body.

PUBLICITY RELEASE: I agree to be filmed and photographed by The Brian Elliott Memorial Scholarship in connection with such participation and that the Brian Elliott Memorial Scholarship will own any and all rights in such film and photography of me (hereinafter referred to as "Footage"). This will permit the Brian Elliott Memorial Scholarship to proceed with taking such Footage and I now waive, as to the Brian Elliott Memorial Scholarship and its successors, assigns and licensees, all personal right and objections to any use to be made of me, my name, likeness, voice or personality in connection with the use of the Footage in any media for any and all purposes, including trade, advertising and promotional purposes, in perpetuity and without further compensation. I understand that in proceeding with filming and photography of the Footage, the Brian Elliott Memorial Scholarship will do so in full reliance on the foregoing permission.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASES AND INDEMNITY AGREEMENT

Print Name	Team Name	
Signature of entrant	Date	
Signature of parent/guardian	Date	
Emergency contact Name & Num	ber	

This form is to be turned in prior to the start of tournament.

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WAIVER OF RESPONSIBILITY Player Two

MEDICAL RELEASE: I hereby consent to emergency medical and/or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, in the event such need arises in the opinion of the duly licensed physician.

WAIVER AND INDEMNITY AGREEMENT: Acceptance of my entry in these events is without responsibility of any kind by the Brian Elliott Memorial Scholarship and any other entity sponsoring the event. I do hereby for and on behalf of myself and my heirs and legal representatives RELEASE and forever discharge the Brian Elliott Memorial Scholarship, its officers and representatives, from any and all claims, demands, and injuries, howsoever arising, whether caused by the negligent or intentional acts of the Brian Elliott Memorial Scholarship and its representatives, representatives of other sponsoring entities, or by third parties, which injuries may be in any way related to my activities during the tournament and any period traveling to or from the events described, and all such claims are hereby WAIVED AND RELEASED, and I covenant not to sue therefore. The parent or guardian by signing below, does hereby agree to INDEMNIFY and hold harmless the Brian Elliott Memorial Scholarship and its representatives and the sponsoring entity from any liability which they may incur to the entrant, howsoever arising and whether caused by the negligent or intentional acts of the Brian Elliott Memorial Scholarship, its representatives, or the sponsoring body.

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Print Name	Team Name	
Signature of entrant	Date	
Signature of parent/guardian	Date	
Emergency contact Name & Num	ber	

This form is to be turned in prior to the start of tournament.