

SINGLES LEAGUE 2010

NAME: _____

EMAIL: _____

PHONE: _____

(PLEASE CLEARLY PRINT YOUR CONTACT INFORMATION)

WAIVER (signature required to participate)

In conjunction with my participation in the Saturday Singles League and the related activities and events, I agree to waive any and all rights and claims for bodily injury or emotional injury, injury to my reputation, or any other damage or harms that I may suffer, or any claims of any nature I or my legal representatives may have against the Saturday Singles League, the San Diego Tennis Federation and its board members, Frank January, San Diego High School, the Balboa Tennis Club and any other sites, facilities, or individuals associated with the Saturday Singles League and the related activities and events.

I understand that I will be participating at my own risk and the above organization, facilities, and individuals will not be responsible for any harm, injury or damage that I may suffer. I have read and acknowledge the above waiver statement. If under 18 years of age, signature of parent or guardian is required below.

X _____

PRINT NAME: _____

DATE: _____

COST TO PLAY: \$20