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STANDARD RELEASE FORM FOR BALLPERSON

This agreement provides my release to the **Delray Beach Open** (the “Tournament”), and all related and affiliated parties in connection with my serving as a “ball person” for the tournament.

Medical Release:

In the event that I require medical attention during the course of the Tournament, I authorize the Tournament official to obtain any medical care and assistance which I may require. I recognize that I am responsible for any such cost of medical care and assistance, and that the Tournament is not responsible for any such cost. It is my responsibility to carry medical insurance sufficient to cover my medical expenses.

Release of Liability:

In consideration of the acceptance of my application to serve as a “ball person” for the tournament, I waive release and forever discharge the Tournament itself, the sponsors, players, **Delray Beach Open**, Match Point Inc., the ATP Tour, City of Delray Beach, and their respective employees and legal representatives from all liability, regardless of cause, for any loss, damage, injury, expense or cost which I may sustain arising out of or in any way connected with my participation in the Tournament is at my own risk.

I agree that this waiver may be pleaded as a complete defense to any action or other proceeding which may be brought by me, my parents/legal guardians, spouse, children, legal representatives, or my insurance carrier.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS AND I HAVE READ THIS DOCUMENT. MY PARENT GUARDIAN HAS ALSO READ IT AND COMPLETED THE SECTION BELOW.

Parent/Legal Guardian (print name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian (print name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DelrayBeachOpen.com