

**JLTA PLAYER RELEASE FORM**

**I have read and understand the information contained in the Jackson Ladies Tennis Association (“JLTA”) Handbook of Membership Rules and agree to abide by those rules.**

**The undersigned participant in the Jackson Ladies Tennis association hereby waives any and all liability and covenants not to sue the Jackson Ladies Tennis Association, its agents and volunteer workers, for any and all injuries or damages, which maybe suffered while playing in the Jackson Ladies Tennis Association season of play. Furthermore, the undersigned will assume and pay all of her medical and emergency expenses related to any accident, illness or other incapacity incurred while playing Jackson Ladies Tennis Association league play. The undersigned acknowledges and understands that the Jackson Ladies Tennis Association does not provide any insurance to cover such accident, illness or other incapacity suffered while participating in league play.**

**Player Name (Printed)** \_\_\_\_\_

**Team Name and Color** \_\_\_\_\_

**Season Playing** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

\_\_\_\_\_  
**Player Signature**

**“Only original signatures may be submitted  
— NO faxed or copied signatures will be accepted”**