



Please complete and sign this ATX Open Release Form ("Release Form") and submit it via the webform and email it to [BallpersonMgr.DropShotLLC@gmail.com](mailto:BallpersonMgr.DropShotLLC@gmail.com). Form must be signed by participant or, if participant is a minor, by the participant's parent or legal guardian. This Release Form must be completed and submitted in order for participant to participate (or volunteer in any capacity, including ball persons) in the 2023 ATX Open, which is to be held February 25 - March 5, 2023 ("Event"). Please use black ink and print clearly.

I, \_\_\_\_\_ ("Participant"), hereby expressly release and agree to not hold liable Drop Shot LLC, Westwood Country Club, The City of Austin, USTA, WTA and any of their affiliates, members, agents, employees, officers, directors, contractors, sponsors, and other representatives, successors and assigns (collectively, the "Released Parties" from any and all claims of any kind arising from my service as a volunteer.

In connection with the Event, Participant assumes full risk and responsibility for any death, disability, or bodily injury that Participant may suffer, or damage to property that may be caused, arising from any cause whatsoever, or any death, disability, or bodily injury or property damage to another person arising from Participant's participation in the Event. Participant forever discharges and waives any claim or legal action of any nature, known, or unknown, in law or in equity, which Participant or Participant's heirs, or legal representatives shall or have made in that regard.

Participant also understands that there is a risk of loss, theft and damage to any personal belongings, personal equipment, and other property that Participant brings onto the Event premises, and Participant does not and will not hold the Released Parties responsible in any way.

Participant shall not use personal social media accounts or channels to post any information from or conversations with WTA World Tour or WTA players or Event officials or other professional tennis players or celebrities that occur during the time that Participant is at the Event unless approved in writing by a representative of Drop Shot LLC. Violation of this rule shall be grounds for immediate dismissal.

In consideration of the acceptance of Participant's participation in the Event, Participant, directly and on behalf of Participant's heirs and legal representatives, releases and forever discharges the Released Parties from any and all claims, damages, losses or injuries that Participant may suffer or sustain, by negligence or otherwise, arising out of or relating to Participant's participation in the Event, including with regard to any travel to and from the Event. All such claims, whether known or unknown, are hereby waived and released and Participant covenants not to sue thereon.

Medical Release:

I hereby consent to the rendering of emergency first aid or medical treatment deemed reasonably necessary for Participant by the Released Parties at the time of injury or illness in their sole discretion. I further understand that I will be responsible for payment for any such medical treatment if required.

I am fully aware of the risks involved with entering the ATX Open-Westwood Country Club premises, as well as any transportation and/or hotel that is a partner with the ATX Open (collectively, "Facilities"), during the COVID-19 pandemic (or with respect to any related or similar infection, which together are herein referred to as "COVID-19"). I am entering into this waiver knowingly and on my own behalf.

I acknowledge that the risks involved with entering the Facilities and being in the presence of other people during the COVID-19 pandemic include , but are not limited to, contracting COVID-19, respiratory failure, death , and transmitting COVID-19 to family or household members and others who may also suffer these effects. I further understand that compliance with the COVID-19 protocols will not eliminate these risks, even with social distancing and other safety measures in place at the Facilities. Notwithstanding the foregoing, I elect to voluntarily participate in entering the Facilities with full knowledge that doing so may be hazardous to my health and those with whom I may come into contact.

**(Signature page follows)**

By signing this Release Form, I acknowledge that I have read and understand the provisions set forth in this Release and voluntarily consent to the terms set forth.

PARTICIPANT: Name (Please Print) \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth (Mo.) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Address \_\_\_\_\_

(City/Town) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN (Required for Participant(s) less than 18 years of age as of February 6, 2021):**

I affirm that I am the parent or guardian of the Participant described above; I have the authority to give this authorization, and this Release Form; I have read, and I understand this authorization and the release described above; and I agree to indemnify the Released Parties from and against any liability arising out of any claim of any invalidity of this affirmation.

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ (City/Town) \_\_\_\_\_

(State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Tel. No.) (\_\_\_\_) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_