



UNITED STATES TENNIS ASSOCIATION

PERSONAL RELEASE FORM

In consideration for my participation in the USTA Tennis Program on the dates and location listed below, this will confirm that I have agreed to be filmed and photographed by the United States Tennis Association (“USTA”) in connection with such participation and that the USTA will own any and all rights in such film and photography of me (hereinafter collectively referred to as “Footage”).

This will permit the USTA to proceed with taking such Footage and I now waive, as to the USTA and its successors, assigns and licensees, all personal right and objections to any use to be made of me, my name or my personality in connection with the use of 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 USTA will do so in full reliance on the foregoing permission.

Name of Program: **USTA National Campus Championship**

Date: **April 15 – 17, 2010**

Location: **Surprise Tennis and Racquet Complex, Surprise, AZ**

University: _____

Signature: _____ Date: _____

Print Name Here: _____

Address: _____

Phone: _____

Signature of Parent or Guardian (if under 18) _____