2019 CREDO TENNIS CHAMPIONSHIPS TEAM REGISTRATION

Men's Singles: $100 Per Team Entry Fee If RECEIVED by January 31st, $150 If RECEIVED by March 31st, $200 If RECEIVED AFTER March 31st

Player 1: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Player 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Method of Payment:

☐ Check ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Name on Card:_____ Card #: _____

Expiration: _____ V-Code: _____ Authorized Signature: _____

EACH PLAYER MUST SIGN THIS WAIVER AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in the 2019 Credo Tennis Championships, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

2) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

3) I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELASE AND HOLD HARMLESS Credo Financial Services, Oz Tennis Academy, St. Ives Country Club and L5 Events, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to the fullest extent permitted by the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT,

_____ DATE: _____

(Player 1 Signature)

_____ DATE: _____

(Player 2 Signature)

To pay your team entry fee by credit card, email this form with credit card information to jmiller@credofinance.com. To pay your team entry fee by check, make check(s) payable to CREDO CFOs & CPAs and mail to: CREDO Financial Services | Attn: 2019 CTC | 3800 Mansell Rd., Ste. 150 | Alpharetta, GA 30022. For more information, visit, www.credotennischampionships.com, or contact Jennifer Miller | jmiller@credofinance.com | 678-802-8800 ext. 103

GOOD LUCK!