



**2008 US Olympic Trials and Qualifying Tournament
January 10 – 13, 2008
Philadelphia, PA**

Name _____ Address _____
City _____ State _____ Zip Code _____
Phone _____ E-mail _____ DOB _____
USATT Rating _____ USATT ID _____ Expiration Date _____

Eligibility: U. S. Citizen and active USATT members only.
Please provide proof of citizenship with entry.

ENTRY DEADLINE: Entry should be received at USATT Headquarters by and no later than December 22, 2007.

Total Entry Fee(\$200) Enclosed: _____
Make check payable to USA Table Tennis
Pay by Credit card: VISA/Master Card/Discover
Name on the Card: _____
Card # _____ **Exp:** ____/____
I agree to pay the above amount:
Signature _____

For further information please contact:

Joyce Grooms, Membership Director
Tele: 719-866-4583 Ex. 5; Fax: 719-632-6071; E-mail: admin@usatt.org

Please send your entry form, proof of eligibility, the signed Release and Waiver form to:
USA Table Tennis
1 Olympic Plaza
Colorado Springs, CO 80909

\$200 entry fee must be enclosed with this form.

USA TABLE TENNIS
1 Olympic Plaza, Colorado Springs, CO 80909-5769
Phone 719-866-4583 Fax 719-632-6071

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement
("Agreement")

1. IN CONSIDERATION of being permitted to participate in any way in USA Table Tennis sanctioned events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:
2. ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Table Tennis Activities and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and/or my minor child will immediately discontinue further participation in the Activity.
3. FULLY UNDERSTAND that (a) TABLE TENNIS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by me and/or my child's own actions, or inaction, or the actions or inaction of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or my minor child incur as a result of my participation in the Activity.
4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;
5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE USA TABLE TENNIS, their respective administrators, directors, agents, officers, officials, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature of Participant

Print Name

Date

Signature of Parent/Legal Guardian
(If Participant is under age 18)

Print Name of Minor Child

Date