

NEC WHEELCHAIR TENNIS TOUR 2006 GENERAL REGISTRATION FORM

PLEASE PRINT CLEARLY IN BLACK INK

PART 1: PLAYER INFORMATION

FAMILY NAME: _____ FIRST NAME _____ MALE/FEMALE _____

Home address: _____

Street Address

_____ City _____ State _____ Country _____ Zip (Postal Code) _____

Telephone: _____ Mobile: _____ Fax: _____

Email address: [PLEASE PRINT] _____

Date of Birth: _____ [eg 20 May 1965] Nature of Disability _____

Name of National Association: _____

Country of Citizenship: _____ Nationality: _____

PART 2: CONDITIONS OF PARTICIPATION

- (i) I, the undersigned Player, confirm that I have received, had the opportunity to read and have understood the provisions contained in the Wheelchair Tennis Handbook ("Handbook") and the Rules of Tennis ("Rules"). I hereby agree to abide by the Handbook and Rules and any modifications thereof, including the Code of Conduct. (It is the responsibility of the players to familiarise themselves with the provisions of the ITF Rules, ITF Wheelchair Tennis Handbook and the the ITF Tennis Anti-Doping Programme.)
- (ii) I hereby further agree to be bound by any and all decisions made by the ITF Wheelchair Tennis Committee and/or the ITF under the Handbook, Rules, and/or Code of Conduct. I further accept that I may be subject to penalties (financial or otherwise) if I fail to comply with the provisions of the Handbook, Rules and/or Code of Conduct. I agree to discharge any such financial penalties, which may be imposed on me by the ITF Wheelchair Tennis Committee and/or the ITF as a result thereof.
- (iii) I hereby acknowledge that Wheelchair Tennis is a physically demanding sport and that it is my responsibility to ensure that I am physically and medically fit to participate in any ITF-sanctioned Wheelchair Tennis event.
- (iv) I further acknowledge that participation in Wheelchair Tennis carries with it inherent risks of injury and/or other damage or loss to person and/or property. I acknowledge that my participation in any ITF-sanctioned Wheelchair Tennis event is on a voluntary and informed basis with respect to such risks and therefore that I am personally assuming such risks. It is my responsibility to insure against such risks should I choose to do so and not the responsibility of the ITF and/or ITF Wheelchair Tennis Committee. In any event, I shall have no recourse against the ITF and/or the ITF Wheelchair Tennis Committee in the event that I do suffer such injury and/or other damage or loss to person or property.
- (v) I understand and accept that when entering into any ITF-sanctioned Wheelchair Tennis event, including the Wheelchair Tennis Tour, the World Team Cup and Paralympic Games, neither the ITF Wheelchair Tennis Committee, the ITF nor any of their respective officers, agents or employees shall be liable to me in respect of my death, personal injury, loss of, or damage to property that I may sustain, howsoever caused, while travelling to and from and/or participating in any ITF-sanctioned Wheelchair Tennis event, save where such injury and/or loss was incurred as a direct result of negligent acts or omissions on the part of the ITF and/or ITF Wheelchair Tennis Committee or any of their respective officers, agents or employees.

AGREED AND ACCEPTED PART 2:

_____ (Print Name) DATE: _____

_____ (Sign Name)

PART 3: ITF TENNIS ANTI-DOPING PROGRAMME 2006 PLAYER CONSENT AND AGREEMENT

I, the undersigned Player acknowledge that I have received and had an opportunity to read the ITF Tennis Anti-Doping Programme (the "Programme"). I confirm that I understand the provisions of the Programme including what constitutes a Doping Offence thereunder, and I hereby consent and agree:-

1. to comply with and be bound by all of the provisions of the Programme from time to time enforced;
2. that any dispute arising out of any decision made by the Anti-Doping Tribunal or any dispute under or in connection with the Programme after exhaustion of the Programme's Anti-Doping Tribunal process and any other proceedings expressly provided for in the Programme, shall be submitted exclusively to the Appeals Arbitration Division of the Court of Arbitration for Sport ("CAS") for final and binding arbitration in accordance with the Code of Sports - Related Arbitration.
3. I further consent and agree that:-
 - a. the decisions of CAS shall be final, non-reviewable, non-appealable and enforceable; and
 - b. I shall not institute any claim, arbitration, lawsuit or litigation or seek any form of relief in any other court or tribunal.

I hereby confirm that I have read, understood and agreed to be bound by the terms of this Player Consent Agreement.

AGREED AND ACCEPTED PART 3:

_____ (Print Name) DATE: _____

_____ (Sign Name)

Please send the completed and signed registration form back to the ITF Office

Fax.: +44 208 392 4741

**PLEASE ENSURE YOUR FORM IS COMPLETED IN BLACK INK AND ALL
DETAILS ARE PRINTED CLEARLY – THANK YOU**

Notes

- 1 Is your family name and first name clearly completed on the front page?**
- 2 Have you indicated whether you are male or female?**
- 3 Is your e-mail address clear to read?**
- 4 Have you signed Parts 2 and 3?**