



40th TEXAS OPEN WHEELCHAIR CHAMPIONSHIPS

Friday, October 9 – Sunday, October 11, 2020

Sanctioned By



We look forward to welcoming some familiar (and new) faces to Dallas, to the competition, and a lot of fun and excitement! Come see what everyone that came last year is talking about...Great Venue, Good Food, Wonderful Volunteers, and Excellent Tennis!

Tournament Entry

- Mail completed form with payment to:
Texas Open Wheelchair Championships
c/o The Turic's
214 Camden Drive
Highland Village, TX 75077
USA
- FAX completed form to 972-317-7972 (Country Code – 00+1+972-317-7972)
- E-MAIL completed forms to TexasOpen@aol.com

NOTE: IF FAXING/E-MAILING AN ENTRY, ALL FEES MUST BE RECEIVED BY *October 2, 2020* OR YOU WILL BE REMOVED FROM ALL DRAWS. MAIL ALL FEES IN U.S. FUNDS TO ADDRESS ABOVE.

Transportation

Transportation will be provided for the airport on Thursday, October 8th & Sunday, October 11th between 8:00 AM – 10:00 PM. Arrivals/Departures outside of these times will be the responsibility of the player/guest, for both arrangements and cost.

Airports include only Dallas Fort Worth International (DFW) and Dallas Love Field (DAL)

Transportation will be provided daily between the host hotel and the courts.

Meals

Breakfast: On Your Own – Snacks Provided for Pickup During Registration.
Lunch: (3) Friday – Sunday at Courts for all players and paid guests.
Dinner: (1) Friday for all players and paid guests.

Matches will begin on Friday, October 9, 2020 for all Divisions

40th Texas Open Wheelchair Championships OFFICIAL ENTRY FORM

TOTAL NUMBER OF ENTRIES IS LIMITED BY PRE-DETERMINED DRAW SIZES IN ACCORDANCE WITH USTA GUIDELINES

Note USTA Tournament Regulation 1.F.4 – If the number of entrants exceeds the draw limit, the tournament committee shall accept players and alternates into the draw based on their record. It may also accept players of established ability who do not have a current record, or whose record is affected by illness, injury, or lack of recent play. If the tournament committee is unable to determine the record of some players with timely entries, then it shall accept these players into the draw and onto the alternate list by lot and never by date of receipt of entry.

ENTRIES MUST BE RECEIVED BY October 2, 2020 (TELEPHONE ONLY ENTRIES WILL NOT BE ACCEPTED).

**SEND COMPLETED ENTRY FORM, RELEASE FORM, AND TRAVEL INFORMATION FORM TO THE ADDRESS BELOW.
IT IS THE PLAYER'S RESPONSIBILITY TO CONFIRM ACCEPTANCE OF THEIR ENTRY AND FIRST-ROUND STARTING TIME.**

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____ COUNTRY: _____

TELEPHONE (INCLUDE COUNTRY CODE AND CITY CODE): _____

FAX (INCLUDE COUNTRY CODE AND CITY CODE): _____

MOBILE (INCLUDE COUNTRY CODE AND CITY CODE): _____

E-MAIL ADDRESS: _____

AGE: _____ DATE OF BIRTH (MM/DD/YY): _____ SEX: _____

USTA NUMBER (FOR U.S. RESIDENTS): _____ ITF IPIN NUMBER (OPEN PLAYERS): _____

T-SHIRT SIZE (M, L, XL, XXL): _____

VEGETARIAN? : _____

Place an X in the box of the divisions you wish to enter.

	Men		Women		Quad		Junior		Senior
	Sgls	Dbls**	Sgls	Dbls**	Sgls	Dbls**	Sgls	Dbls**	Dbls**
A									
B									
C									
Division Doubles Partner _____									
Senior Doubles Partner _____									
Junior Doubles Partner _____									

****If doubles partner is not indicated, one will be assigned prior to the doubles draw being completed on Friday, October 9, 2020 @ 10:00 a.m.**

ENTRY FEE	Tournament Only	EARLY DEADLINE SEPTEMBER 18 - \$25 or REGULAR DEADLINE - \$50	\$ _____
COACH/GUEST FEE	Tournament Only	EARLY DEADLINE APRIL 15 - \$25 or REGULAR DEADLINE - \$75	\$ _____
ADDITIONAL BANQUET TICKETS	Adults	(\$10 USD EACH x _____ TICKETS)	\$ _____
	Children	(\$5 USD EACH x _____ TICKETS)	\$ _____
TOTAL AMOUNT ENCLOSED (DO NOT SEND CASH)			\$ _____

CHECKS (U.S. BANKS/FUNDS) PAYABLE TO: Dallas Wheelchair Tennis Club

MAIL TO: Texas Open Wheelchair Championships c/o The Turic's 214 Camden Drive Highland Village, TX 75077	EMAIL TO: TexasOpen@aol.com	FAX TO: 972-317-7972 Attention: Carlos Turic - DWTC	NOTE: IF FAXING/E-MAILING AN ENTRY, ALL FEES MUST BE RECEIVED BY <u>OCTOBER 2, 2020</u> OR YOU WILL BE EXCLUDED FROM ALL DRAWS. MAIL ALL FEES IN U.S. FUNDS TO ADDRESS TO THE LEFT.
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Texas Open Wheelchair Championships

2020 WAIVER AND RELEASE OF LIABILITY / PUBLICITY RELEASE

READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in the above named event, related events and activities, the undersigned acknowledges, appreciates and agrees as follows:

I, (print name) _____, hereby release, hold harmless, and forever discharge Dallas Wheelchair Tennis Club (DWTC), City of Coppell Park & Recreation Department (CPR), Wagon Wheel Tennis Center (WWTC), and any and all sponsors of the above named event (Texas Open Wheelchair Championships), all of their officers, directors, members, agents, and/or employees, and, any and all officials, volunteers, and other participants of the above named event (hereinafter "RELEASEES"), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the above named event.

The risk of injury from the activities involved in this event is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in this event and activities and I voluntarily, without any inducement, elect to participate in this event and activities. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN THIS EVENT AND SUCH ACTIVITIES.

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

I hereby consent to first aid and/or medical treatment in the case of emergency, which at the time of injury or illness seems reasonably advisable. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

This release and hold harmless agreement is binding on heirs, assigns, personal representatives, administrators, next of kin, and myself.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by, or on behalf of DWTC, CPR, WWTC or Texas Open Wheelchair Championships during the above named event. I authorize DWTC, CPR, WWTC or Texas Open Wheelchair Championships to publicize and/or display such photographs and recordings, or to provide such photographs and records to others of their choosing for display, without notice, or payment of any royalty, fee or other compensation of any character to me for the use of my picture and/or voice.

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

Participant's Signature _____ Date _____

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, (print name) _____, the undersigned, as parent and natural guardian or legal guardian with legal responsibility for this participant acknowledge that I have read and understand the above document and am fully aware of the legal consequences of signing this instrument. I consent and agree to my child's participation in this event, and I consent and agree to my child's release as provided above of all the RELEASEES, and for myself, my heirs, assigns, personal representatives and next of kin, I release and agree to indemnify and hold harmless the RELEASEES from any and all liabilities incident to my minor child's involvement or participation in this event as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE. I hereby give permission for the staff of the RELEASEES to seek, during the period of the program, emergency medical attention for my child, and for the medical attention to be given in the event of accident, injury or illness. I agree to bear the full responsibility for the cost of such care.

Parent/Guardian Signature _____ Date _____

Relation To Child _____ Emergency Telephone Number _____

Child's Date of Birth (mm/dd/yy) _____

Child's Insurance Co. _____ Policy No. _____

MEDICAL INFORMATION

Name of Personal Physician _____

Physician's Telephone Number (include country code and city code) _____

Physician's Address _____

City _____ State _____ Postal Code _____ Country _____

Name Of Person To Be Contacted In Case Of Emergency _____

Relation _____ Telephone Number (include country code and city code) _____

Type Of Disability _____

Allergies Or Other Medical Conditions Of Which We Should Be Aware:

Texas Open Wheelchair Championships

2020 WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in the Texas Open Wheelchair Championships and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I 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,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or 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,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Dallas Wheelchair Tennis Club (DWTC), City of Coppell Park & Recreation Department (CPR), Wagon Wheel Tennis Center (WWTC), United States Tennis Association, (USTA), United Tennis Association Texas Section (USTA Texas) and any and all sponsors of the above named event (Texas Open Wheelchair Championships) 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 ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

Participant Signature: _____

Participant Printed Name: _____

Date Signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date Signed: _____

Texas Open Wheelchair Championships

TRAVEL INFORMATION FORM

Complimentary transportation will be provided.

- From DFW & Love Field Airports Thursday, October 8, 2020 @ 8:00 a.m. – 10:00 p.m.

**NOTE – TRANSPORTATION FROM AIRPORT WILL BE LOCATED OUTSIDE OF TERMINAL BAGGAGE CLAIM.
COLLECT ALL LUGGAGE AND PROCEED JUST OUTSIDE OF BAGGAGE CLAIM TO CURBSIDE.**

- To DFW & Love Field Airports Sunday, October 11, 2020 @ 8:00 a.m. – 8:00 p.m.

**NOTE – ARRIVALS/DEPARTURES OUTSIDE OF THE HOURS LISTED ABOVE, WILL BE THE RESPONSIBILITY OF
AND AT THE COST OF THE PLAYER/GUEST.**

NAME _____

I WILL NEED TRANSPORTATION TO/FROM THE AIRPORT: YES NO

I NEED A WHEELCHAIR LIFT / RAMP YES NO

TOTAL NUMBER IN PARTY _____

TOTAL NUMBER OF EVERYDAY WHEELCHAIR USERS _____

TOTAL NUMBER OF MANUAL WHEELCHAIRS _____

TOTAL NUMBER OF POWER WHEELCHAIRS _____

ARRIVAL AIRPORT (DFW or LOVE) _____

DATE OF ARRIVAL (MM/DD/YY) _____

TIME OF ARRIVAL _____

AIRLINE _____

FLIGHT NUMBER _____

DEPARTURE AIRPORT (DFW or LOVE) _____

DATE OF DEPARTURE (MM/DD/YY) _____

TIME OF DEPARTURE _____

AIRLINE _____

FLIGHT NUMBER _____

ADDITIONAL INFORMATION OF WHICH WE SHOULD BE AWARE:
