

Summer Camp at Armonk Tennis Club



Release & Waiver of Liability -

In consideration of participating in the Summer Camp Program at Armonk Tennis Club, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unself, I will immediately discontinue participation in the Activity. Intily understand that this Activity (involves risks of scripus bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. I brobly relaces disharage, and covenant not to such Armoth Tonis Associates LLC, SPS Armonk Associates LLC, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity blaces place, (each considered one of the "Releasees" herein, Tromal Iliability, claims, demands, losses, or damages on my account caused or alloged to be caused in whole or in part by the negligence of the Releasees or otherwise, including notification and a contribution of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC (the "Club"), I am aware that the Club does not provide medical insurance in suda programs. In the event of an emergency. I berefy grant Armonk Tennis Club permission is give provide medical insurance in suda programs. In the event of an emergency.	Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are ursafe, I will immediately disconfluse participation in the Activity. I fully undorstend that this Activity involves risks of scrious bodily injury, including permanent disability, paralysis and doath, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees' named below, and that there may be other risks either not known to me or not readily foresees believe it in time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. I bereby release, discharge, and covenant not to use Armonik Tennis Associates LLC, the Scassociates LLC, the respective administrators directors, agents, officers, volunteers, and employees, other participants, any sponsors, advortisors, and, if applicable, owners and lossor 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 Common and I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASVIDITION OF RISK, ANI INDEMNITY AGREEMENT, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnity, save, and hold harmies each of the Releasees through the participation in recreation programs sponsored by Armonk Tennis Club er Club"), I am aware that the Club does not provide medical insurance in such programs, in the event of an emergency promous the control of the participation in recreation programs sponsored by Armonk Tennis Club as promotional materials. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPLION OF RISK, AND INDEMNITY AGREEMENT, understand that I	Printed Name of Camper:	Birthdate:
Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that If I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of scrious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Telesasses' manned believ, and that there may be other risks, either not known to me or not readily foreseesble at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. I hereby reloase, discharge, and accovant not to see Armonk Tomind associates LC, When Scoolates LC, their into the Activity 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 resource operations; and I further agree that if, despite this RELEASE AND WAINER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC (the "Club"), I am aware that the Club does not provide medical insurance in such programs. In the event of an emergency room. Permission is horeby granted to utilize photos and video taken at Armonk Tennis Club a promotional materials. Have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand tha	Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that If I believe event conditions are unsafe, it will immediately discontinue participation in the Activity. If July understand that this Activity involves risks of scrious bodily injury, including permanent disability, paraylisis and detail, which may be caused by my own actions, or inactions, howeof orthers participating in the event, the conditions in which the event takes place, or the negligence of the "Ricleasces" named below: and that there may be other risks either not known to me or not readily foresceable at this time; and I full accept and assume all such risks and all responsability for losses, costs, and damages. Incur as a result of my participation in the Activity I brody release, discharge, and coverant not to sue Armonk Ternis Associates LLC, RSR Armonk Associates LLC, their respective administrators directors, against, officers, volunities, and employees, other participants, any sponsors, advertisers, and. If applicable, owners and lessor or damages on my account caused or allegod to be caused in whole or in part by the negligence of the Roleasses or otherwise, including negligent rescue operations; and I further agree that if, deeplie this EELFASE AND WAINER OF LIABILITY, ASSUMPTION OF RISK, ANI INDEMNITY AGREEMENT, i. or anymon on my behalf, makes a claim against any of the Releasses, I will indemnify, seve, and hold harmies each of the Releasses, I will indemnify, seve, and hold harmies each of the Releasses from any loss, liability, damage, or cost which any may incur as the result of such claim. As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC (the "Club"), I am aware that the Club does not provide medical insurance in such programs. In the event of an emergency, I hereby grent Armonk Tennis Club permission to give whatever immediate treatment is necessary and/or take my self/call for a hospital emergency roo		
by my own actions, or inactions, those of others participating in the event, the conditions in which the event faces place, or the negligence of the "Releaseses" named below: and that there may be other risks either not known to me or not readily foresceable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Armonk Tennis Associates LLC, SRS Armonk Associates LLC, their respective administrators, directors, agents, officers, 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, in a myone on my behaff, makes a claim against any of the Releasees, I will indently, save, and hold harmless each of the Releasees from any loss; liability, damage, or cost which any may incur as the result of such claim. As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC (the "Club"). I am aware that the Club does not provide medical insurance in such programs. In the event of an emergency, I hereby grant Armonk Tennis Club permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize photos and video taken at Armonk Tennis Club as promotional materials. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up sustantial rights by sligning it, and have signed if freely and will int	by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Teleaseases' named below; and that there may be other risks either not known to me or not readily forsease, at this time; and I full accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity lakes glace, event or participants, any sponsors, advertisers, and, if applicable, owners and lossor 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 INDEMINITY AGREEMENT, I, or anyone on my bainfir, makes a claim against any of the Releasees In Ull indemnity, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. As an applicant for participation in recreation programs sponsored by Armonik Tronis Associates LLC (the "Club"), I am aware that the Clut does not provide medical insurance in such programs. In the event of an emergency, I hereby grant Armonik Tennis Club permission to give whatever immediate treatment is necessary and/or take my solitical to a lossplated emergency from. Permission is hereby granted to utilize photos and video taken at Armonik Tennis Club as promotional materials. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by sligning it, and have signed it freely and without any inducement or assurance of any nature, and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion	Activity and that I am qualified, in good health, and in proper physical condition to partic	cipate in such Activity. I acknowledge that if I believe
directors, agents, officers, voluntoers, and employees, other participants, any sponsors, advertisors, 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, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. As an applicant for participation in recreation programs sponsored by Armonk Tennis Ascolates LLC (the "Club"). I am aware that the Club does not provide medical insurance in such programs. In the event of an emergency, I hereby grant Armonk Tennis Club permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize photos and video taken at Armonk Tennis Club as promotional materials. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing ii, and have signed it freely and without any inducement or assurance of any nature, and intend it be a complete and unconditional release of all liability, to the greatest extend 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 Parent/Guardian: Date: PARENTAL CONSENT AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activi	directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessor of pramises on which the Activity takes place, (each considered one of the "Releasees" rental) from Italian (is place), cache considered one of the "Releasees" certain from all allowing contents of the adversariation of part by the negligence of the Releasees or otherwise, including negligant rescue operations; and I further agree that if, despite this RELEAS AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, ANI INDEMNITY AGREEMENT, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from your joss, liability, damage, or cost which any may incur as the result of such claim. As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC (the "Club"), I am aware that the Clut does not provide medical insurance in such programs. In the event of an emergency, I hereby grant Armonk Tennis Club permission to give whatever immediate treatment is necessary and/or take my self-field to a hospital emergency room. Permission is hereby granted to utilize photos and video taken at Armonk Tennis Club as promotional materials. I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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 be a complete and unconditional release of all flability to the greatest extend allowed by law and agree that if any portion of this agreement is hold to be invalid. the balance, notwithstanding, shall continue in full force and effect. Signature of Parent/Guardian: Date: PARENTAL CONSENT AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such	by my own actions, or inactions, those of others participating in the event, the conditions in "Releasees" named below; and that there may be other risks either not known to me	n which the event takes place, or the negligence of the e or not readily foreseeable at this time; and I fully
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I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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 be a complete and unconditional release of all liability to the greatest extend 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. PARENTAL CONSENT	I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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 be a complete and unconditional release of all liability to the greatest extend 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 Parent/Guardian: Date: PARENTAL CONSENT AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREI TO INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from all liability, claims, or or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, i, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. Signature of Parent/Guardian: Date: POOL AUTHORIZATION I hereby authorize my child to swim at the Armonk Tennis Club pool. Signature of Parent/Guardian: Date: SUNSCREEN, INSECT REPELLENT, AND HAND SANITIZER PERMISSION I allow my child to carry and use topical sunscreen products approved by the Federal Food and Drug Administration for over-the-counter use for the purpose of avoiding overexposure to the sun and not for medical treatment of an injury or illness. I allow my child to be assisted by camp personnel if he/she is unable to physically apply the sunscreen and requests help. I allow	does not provide medical insurance in such programs. In the event of an emergency, I	hereby grant Armonk Tennis Club permission to give
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