



ADULT TENNIS PROGRAMS

Spring/Summer 2018

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address(es): _____

Level: Beginner Intermediate Advanced or USTA Rating: _____

INTERCLUB TEAMS

Women's MITL/HVTL

Full/Team Member – \$0*

Weekday Member – \$135*

▶ MITL & HVTL Seasons: May/June

Women's USTA

Full/Weekday Member – \$0

Team/Non-Member – \$25 + \$30 per match

▶ Women's USTA Season: May–July

Men's USTA

Full/Weekday Member – \$0

Team/Non-Member – \$25 + \$30 per match

▶ Men's USTA Season: May–July

** Team membership includes participation in Women's MITL/HVTL only and costs \$595. Weekday members can join the MITL Senior (50+) team at no additional charge.*

TEAM ARMONK CLINIC

Spring: Member – \$349 Non-Member – \$399

May 7 – June 18 (6 weeks; Monday-Friday, no Memorial Day)

Preferred Day

Mon Tue Wed Thu Fri

Preferred Time

9:00 – 10:30 a.m. 10:30 a.m. – 12:00 p.m.

Summer: Member – \$349 Non-Member – \$399

June 25 – August 3 (6 weeks; Monday-Friday)

Requested Partners (optional)

Name: _____

Name: _____

Name: _____

PAYMENT

Full payment is required to secure placement. Cancellations made after a program begins are non-refundable. To complete your registration, please read and sign the **Release & Waiver** on reverse.

Amount: \$ _____

Charge to my credit card: MasterCard Visa American Express

Name: _____ Card #: _____

Exp. Date: _____ / _____ Sec. Code: _____

Enclosed is a check (payable to *Armonk Tennis Club*)



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Release & Waiver

In consideration of participating in this 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 unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious 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 "Releasees" named below; and that there may be other risks 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 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, 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, 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 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 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: _____ Date: _____