

Armonk International Tennis Academy _____ Spring 2016 _____

First Name:	Last Name:	
Gender: Birthdate: Grade:	School:	
Address:	City:	State: Zip:
Home Phone:	Email Address(es):	
Mother's Name:	Work #:	Cell #:
Father's Name:	Work #:	Cell #:
Level: Beginner Intermediate Advanced or	Ranking:	
6-Week Session: May 9–June 20 (excluding Memorial Day)		
Program	Day & Time	
Team Prospects – \$750	Monday & Wednesday – 3:30–5:00 p.m.	
Team Juniors – \$750	Monday & Wednesday - 3:30-5:00 p.m.	
Team Futures – \$750	Monday & Wednesday – 4:30–6:00 p.m.	
High Performance Juniors – \$750	Monday & Wednesday - 4:30-6:00 p.m.	
High Performance Futures – \$950	Monday & Wednesday - 5:00-7:00 p.m.	
High Performance Elite B – \$950	Tuesday & Thursday – 4:30–6:30 p.m.	
High Performance Elite A – \$950	Tuesday & Thursday – 4:30–6:30 p.m.	
Payment		
Full payment is required to secure placement. Cancellations made after the program begins are non-refundable.		
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)		

Release & Waiver

Please read and sign on reverse.



Release & Waiver

In consideration of participating in Armonk International Tennis Academy 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.

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 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.

_____ Date:_____

Signature:

Parental Consent (if applicable)

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 AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, 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:

Printed Name of Parent/Guardian:_____ Date:_____ Date:_____