

Adult Tennis Programs —— Spring/Summer 2016 ——

Addre Home	Name:ess:e Phone:ehone:		City: Work Phone: Email Address(es):	State:	Zip:
Team Armonk Clinic	Spring: Member – \$349 N May 9 – June 20 (6 weeks; Monday-Frida Preferred Day Mon Tue Wed Th Preferred Time 9:00 – 10:30 a.m. 10:30 a.	y, no Memorial Day) u	June 27 – August 5 (6 w Requested Partners Name: Name:		
Per-Class Clinics	Women's Drop-In ☐ Full/Weekday Member – \$40 ☐ Non-Member – \$55 ▶ Fridays, 9:30 – 11:00 a.m. July 1 – August 19	Women's Cardio ☐ Full/Weekday ☐ Non-Member ► Tuesdays, 9:30- June 28 – August	y Member – \$25 \$35 - 10:30 a.m.	Men's Cardio ☐ Full/Weekday Mem ☐ Non-Member – \$35 ▶ Fridays, 6:30 – 7:30 p.r. June 3 – August 19	
Interclub Teams	Women's MITL/HVTL Full Member – \$0 Weekday Member – \$135 Non-Member – \$595 MITL & HVTL Seasons: May/June	► Women's USTA Seaso	99 + \$25 per match on: May-July	Men's USTA ☐ Full/Weekday Mem ☐ Non-Member – \$99 ▶ Men's USTA Season: Ma	+ \$25 per match
Amo	charge to my credit card: Master the: Master the content of the	omplete your registration	n, please read and sign th American Express	ne Release & Waiver on re	verse.



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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.

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.

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