



Instructional Programs

Winter 2018/19



First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email Address: _____
 Level: Beginner Intermediate Advanced or USTA Rating: _____

SEASONAL LESSONS Armonk Tennis Club Armonk Indoor Sports Center

Length	Preferred Day/Time	Preferred Pro
<input type="checkbox"/> 1 Hour – \$3525 \$400 per add'l player	1st Choice: _____	_____
<input type="checkbox"/> 1½ Hours – \$5287.50 \$425 per add'l player	2nd Choice: _____	Note: The seasonal rate for Directors is \$3900 per hour.
<input type="checkbox"/> 2 Hours – \$7050 \$450 per add'l player	3rd Choice: _____	

Additional Players (optional)
 Name: _____ Name: _____ Name: _____

WOMEN'S CLINIC Armonk Tennis Club (Team Armonk) Armonk Indoor Sports Center

Length	Preferred Day/Time	Requested Partners (optional)
<input type="checkbox"/> 1 Hour – \$1225	1st Choice: _____	Name: _____
<input type="checkbox"/> 1½ Hours – \$1725	2nd Choice: _____	Name: _____
<input type="checkbox"/> 2 Hours – \$2050	3rd Choice: _____	Name: _____

PAYMENT: A deposit of \$300 per program hour is required to secure placement for Seasonal Lessons and the Women's Clinic. The remaining balance will be charged to your credit card on the program start date unless prior arrangements have been made. Refunds are permitted before August 1st minus a \$150 cancellation fee. Any cancellation made after August 1st is non-refundable unless the spot is filled; if the spot is filled, a refund is permitted minus the cancellation fee.

Deposit: \$ _____

Charge the deposit and/or subsequent fees to my credit card: MasterCard Visa American Express

Name: _____ Card #: _____ Exp. Date: ____/____/____ Sec. Code: _____

Enclosed is a check for the deposit (payable to **Armonk Tennis Club** or **Armonk Indoor Sports Center**)

Please read and sign **RELEASE & WAIVER** on reverse.



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RELEASE & WAIVER

In consideration of participating in the Armonk Tennis/Armonk Indoor tennis program, 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, North Castle Sports Associates LLC, Town of North Castle, 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 and North Castle Sports Associates LLC (hereafter referred to as the "Clubs"), I am aware that the Clubs do not provide medical insurance in such programs.

In the event of an emergency, I hereby grant Armonk Tennis/Armonk Indoor 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/Armonk Indoor 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: _____

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: _____