



Player/Coach Name: _____ Birthdate: _____

Phone: _____ Email: _____

Team/Organization: _____

RELEASES AND WAIVERS

In consideration of participating in this Armonk Indoor program, I represent that I understand the nature of the 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 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 North Castle Sports Associates LLC (hereafter referred to as "Armonk Indoor"), I am aware that Armonk Indoor does not provide medical insurance in such programs. In the event of an emergency, I hereby grant Armonk Indoor permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room.

COVID-19 INFORMED CONSENT

I hereby attest that I have been informed of the following pertaining to COVID-19:

People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay home. Conditions associated with a higher risk for severe illness from COVID-19 include:

- Chronic lung disease or moderate to severe asthma
- Diabetes
- Serious heart conditions
- Chronic kidney disease undergoing dialysis
- Weakened immune system
- Liver disease
- Severe obesity (body mass index of 40 or higher)

Individuals/families should consult their healthcare provider to determine whether they have medical conditions that place them at risk. People living in households with individuals who are 65 years and older or have higher risk for severe illness from COVID-19 are recommended to stay home.

PARENTAL CONSENT (if applicable)

I, the minor's parent and/or legal guardian, understand the nature of the above referenced Activity 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.

MEDIA DISCLAIMER

Permission is hereby granted to utilize photographs and video taken at Armonk Tennis/Armonk Indoor as promotional materials.

I HAVE READ THIS REGISTRATION AGREEMENT CONSISTING OF RELEASES AND WAIVERS, COVID-19 INFORMED CONSENT, PARENTAL CONSENT, PAYMENT PLAN/INSTALLMENT NOTE AUTHORIZATION, AND MEDIA DISCLAIMER, 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 (guardian's if minor): _____ Date: _____