

The Tustin Tennis Club Membership Application

Date: _____

Annual Dues: _____ \$25/player _____ \$40/couple

Membership Year: May 1st through April 30th

Please make checks payable to the **Tustin Tennis Club** and mail to:

**GREER FAN
13436 N. MACKAY CT
TUSTIN CA 92782**

Please Print Clearly

NAME(S): _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE #: _____

EMAIL ADDRESS: _____

NAME OF SPOUSE: _____

SIGNATURE OF APPLICANT(S):

Please Read And Sign The Release Form On The Next Page

ASSUMPTION OF RISK AND LIABILITY

I, the undersigned, acknowledge that in consideration of my involvement in
THE TUSTIN TENNIS CLUB
(herein referred to as “the Activity”) that I, for myself, my personal representatives, heirs, next of
kin, spouse and assigns, do hereby:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF TUSTIN, ITS EMPLOYEES, OFFICERS, COUNCIL MEMBERS AND AGENTS (hereinafter collectively referred to as “the City”); THE TUSTIN TENNIS CLUB DIRECTORS AND ITS MEMBERS (hereinafter collectively referred to as “TTC”) for and from any and all claims and liability arising out of strict liability, dangerous condition of public property and/or negligence which may cause injury, death, damages or property damage to myself. I hereby agree to indemnify and hold the City and TTC harmless for and from any claim, judgement or expense the City or TTC may incur which may arise out of my participation in the Activity.

2. Acknowledge that the Activity is inherently dangerous and that I participate at my own risk. I further understand that the Activity contains risks of minor injuries, serious injuries, and even death, and that other participants in the Activity pose a danger to me. Nevertheless, I VOLUNTARILY ELECT TO ACCEPT ALL RISK connected with my participation in the Activity. _____ (*initials*)

3. Acknowledge that no oral representations or inducements have been made to me to sign this Agreement. If any portion of this Agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

4. Agree that this agreement shall apply to any incident, accident, injury or death occurring during my participation in the Activity. _____ (*initials*) This agreement is intended to be binding on myself, my heirs, personal representatives, next of kin, spouse and assigns.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Dated: _____

1st APPLICANT’S NAME (print) _____

2nd APPLICANT’S NAME (print) _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF APPLICANT _____