

Tustin Tennis Club

Membership Application

New Membership

Renewal Membership

Date: _____

Last Name: _____ **First Name:** _____

Address: _____

City, State & Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Team Name (Acers, 1 Team 1 Dream, others) _____

Emergency Information:

Emergency Contact(s): _____

Emergency Phone Number(s): _____

Annual Membership is \$25 Per Person: cash check

Annual Membership runs September 1 of this year to August 31 of the following year.

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

Tustin Tennis Club

P. O. Box 1484

Tustin, CA 92781

Members are required to read and sign & initial the Release Form

Tustin Tennis Club

Release Form

Assumption of Risk and Liability (Sign below and Initial Items 2 and 4)

I, the undersigned, acknowledge that in consideration of my involvement in the TUSTIN TENNIS CLUB (Herein referred "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 TUSTIN TENNIS CLUB DIRECTORS AND ITS MEMBERS ((herein after 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, damages or property damage to myself. I hereby agree to indemnify and hold the TTC harmless for and from claim, judgment or expense the 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 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 representation 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.

Print Applicant Name: _____ Date: _____

Signature of Applicant: _____

Print Family Members Name(s): _____

Signature of Family Member if Under 18: _____