

MEMBERSHIP INFORMATION FORM



Billing Contact

First Name _____ Last Name _____

Male/Female _____ Date of Birth _____ Level of Play _____ Playing Interclub? Y or N _____

Phone Number _____ Email _____

Home Address _____

City _____ State _____ Zip Code _____

Secondary Contact/Emergency Contact

First Name _____ Last Name _____

Male/Female _____ Date of Birth _____ Level of Play _____ Playing Interclub? Y or N _____

Phone Number _____ Email _____

Membership Type (circle one)

Family Individual Young Adult Junior Snow Birds Off-hours
(30 & under) (21 & under)

Children

Name (First & Last) _____ Gender: M/F _____ DOB: _____

Name (First & Last) _____ Gender: M/F _____ DOB: _____

Name (First & Last) _____ Gender: M/F _____ DOB: _____

Name (First & Last) _____ Gender: M/F _____ DOB: _____

Name (First & Last) _____ Gender: M/F _____ DOB: _____

MUST SIGN RELEASE FORMS ON THE BACK

This form must be completely filled out and signed before play.

Thank you,
EHI Management

Eastern Hills Indoor Release and Waiver of Liability

Authorization: I acknowledge that use of the service, activities and facilities of Eastern Hills Indoor Tennis Club carries a risk of serious personal injury or death and that I am voluntary participating in said services, activities and facilities. As consideration for my being permitted to use the facilities and services and to participate in the activities of the Club, I EXPRESSLY AGREE TO ASSUME ALL RISK OF SERIOUS INJURY OR DEATH and HEREBY RELEASE EASTERN HILLS INDOOR TENNIS CLUB, ITS OWNER and its employees, (collectively, the "Released Parties") from any and all liability for any injuries, property damage, theft or other loss of whatever nature relating to or in any manner arising out of the use by the undersigned of the Club, its facilities or any part thereof, including, without limitation, such injury, damage, theft or loss resulting from the actions or negligence of any of the Released Parties. Furthermore, I agree to indemnify and hold harmless the Released Parties from any suit or other legal proceeding with respect to the use of the facilities by the undersigned or from any claims resulting from negligence on the part of the Released Parties. I also agree that this Release applies to me and to any family member or guest of mine ("WE") and to each and every use WE make of the Club.

I hereby authorize the Club to contact me by telephone regarding the Club. I hereby acknowledge the courts at the Club have been resurfaced in August 2018 as result may be "tacky" or "sticky" in feel. I also release and waive any and all rights to claim damages or remuneration that may arise as a result of references to photographs, images or likeness of them that may appear in any publication or other media coverage.

I have read and understood the Release and Waiver. I understand by signing this Release and Waiver, I have given up substantial rights. I have voluntarily signed this Release and Waiver. I have read this Release and Waiver before signing below, and I fully understand the contents, meanings and impact of the Release and Waiver.

Print Name _____ Date _____

Signature _____

GCITA Release and Waiver of Liability

In consideration for being permitted to participate in any way in the Greater Cincinnati Indoor Tennis Association, Inc.'s (GCITA) Interclub, related events and activities, the undersigned understands and acknowledges that participation in the GCITA interclub may be dangerous and may involve risks that include, but are not limited to, bodily injury, partial or total disability, paralysis and death. The GCITA recommends that the undersigned consult a physician prior to beginning any interclub activity or event.

My participation in GCITA Interclub is without assumption of risk or responsibility of any kind by the GCITA or the management of any facility where I may participate. In consideration of my being permitted to participate in any way in GCITA interclub, I hereby for and on behalf of myself, my heirs, and my legal representatives release and forever discharge GCITA and its affiliated clubs, owners, their respective officers, administrators, employees, volunteers, sponsors, partners, advertisers, and representatives from any and all claims and damages, losses or injuries, temporary or permanent, that I may suffer or sustain in connection with my GCITA interclub activities and events, including, but not limited, to participating in GCITA interclub matches or other events or activities and traveling to or from GCITA interclub matches or other events or activities. I further agree not to sue or bring any legal action or assert any claim arising out of or related to my participating in GCITA Interclub or other events or activities.

I hereby consent to the rendering of emergency first aid and other medical procedures that at the time of injury or illness seem reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures.

In consideration of my participation in GCITA interclub, I hereby agree to abide by all applicable rules and regulations of GCITA interclub as the same may be adopted.

I also release and waive any and all rights to claim damages or remuneration that may arise as a result of references to photographs, images or likeness of them that may appear in any publication or other media coverage.

I have read and understood the Release and Waiver. I understand by signing this Release and Waiver, I have given up substantial rights. I have voluntarily signed this Release and Waiver. I have read this Release and Waiver before signing below, and I fully understand the contents, meanings and impact of the Release and Waiver.

Print Name _____ Date _____

Player Signature _____

Signature of Parent or Guardian (if under 18)

Print Name _____ Print Name of Child _____

Signature _____ Date _____