

WEST INDY RACQUET CLUB
 4458 Guion Road
 Indianapolis, IN 46254
 Tel 317.291.4664 Fax 317.291.4754
 www.westindyracquetclub.com
westindytennis@gmail.com

MEMBERSHIP FORM

Annual Memberships are valid September 15 through September 14 of the following year. Members receive discounted rates on court rentals, private and group lessons and racquet purchases and stringing. Some programs are open only to members.

Last Name _____ FirstName _____

Additional Members' Names _____

Address _____

City _____ State _____ ZIP _____ Home Phone _____

Cell Phone(s) _____ Work Phone _____

E-Mail _____ Date _____

	Qty	Price	Qty	Special	<u>Total</u>
JUNIOR age 23 and younger	___	\$60.00	___	\$30.00	\$ _____
ADULT age 24 and older	___	\$90.00	___	\$45.00	\$ _____
SENIOR age 60 and older	___	\$78.00			\$ _____
TOTAL MEMBERSHIP FEES					\$ _____

FAMILY SPECIAL! With purchase of two memberships (to include one adult membership), additional adult or junior family members from same household receive memberships of equal or lesser value at half-price!

Each member (or parent/guardian of members under age 18) must sign a Waiver and Release of Liability. On Next Page

At West Indy, we're Serving Aces!

For Office Use Only:				Rev 08/08
PMT _____	QB _____	AMF _____	M#s _____	
WS _____	YM _____			

EXTRASTEP, LLC d/b/a WEST INDY RACQUET CLUB

WAIVER AND RELEASE OF LIABILITY

(Please read carefully before signing)

IN CONSIDERATION OF THE USE OF THE SERVICES AND FACILITIES OF EXTRASTEP, LLC D/B/A WEST INDY RACQUET CLUB, I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS FOR PERSONAL INJURY, PROPERTY DAMAGE OR DEATH THAT MAY IN ANY WAY RESULT FROM MY USE OF SUCH SERVICES AND FACILITIES (OR THE USE OF SUCH FACILITIES BY MY CHILD). BY SIGNING THIS RELEASE, I INTEND TO DISCHARGE IN ADVANCE EXTRASTEP, LLC, INCLUDING ITS MEMBERS, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, HEIRS, EXECUTORS, SUCCESSORS, ADMINISTRATORS AND ASSIGNS (HEREINAFTER "RELEASEES"), FROM ANY AND ALL LIABILITY ARISING OUT OF MY USE OR THE USE BY MY CHILD OF THE SERVICES AND FACILITIES OF EXTRASTEP, LLC. I HEREBY ACKNOWLEDGE THAT THE RELEASEES WILL NOT PAY FOR MEDICAL OR LEGAL EXPENSES, LOST WAGES, PAIN, DISTRESS, PROPERTY DAMAGE, OR ANY OTHER DAMAGES ARISING DIRECTLY OR INDIRECTLY FROM MY USE OR THE USE BY MY CHILD OF THE SERVICES AND FACILITIES OF EXTRASTEP, LLC.

ASSUMPTION OF RISK:

I AM AWARE THAT PARTICIPATING IN ATHLETIC ACTIVITIES, INCLUDING SUCH ACTIVITIES AT THE FACILITIES OF EXTRASTEP, LLC INVOLVES HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING OR ALLOWING MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY AND DEATH.

INDEMNITY AGREEMENT:

I FURTHER HEREBY AGREE TO INDEMNIFY AND HOLD THE RELEASEES HARMLESS FROM ANY AND ALL CLAIMS, SUITS, LIABILITY, INJURIES, LOSSES AND DAMAGES, TO THE PERSON OR PROPERTY OF ANY INDIVIDUAL OR ENTITY WHICH ARISES OUT OF MY USE OR THE USE BY MY CHILD OF THE SERVICES AND FACILITIES OF EXTRASTEP, LLC. I UNDERSTAND AND AGREE THAT THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT BINDS MY HEIRS, DEPENDENTS AND ASSIGNS.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE ALL OF THE PERSONS AND ENTITIES MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME OR MY HEIRS, DEPENDENTS, OR ASSIGNS FOR DAMAGES. I AM AWARE THIS IS A RELEASE OF LIABILITY, AND INDEMNITY AGREEMENT, AND A CONTRACT BETWEEN MYSELF AND EXTRASTEP, LLC AND AGREE TO IT OF MY OWN FREE WILL.

(Signature of person using services and facilities)

(Signature of Parent or Guardian if person using services & facilities is under 18 years of age)

(Printed Name)

(Printed Name)

(Date)

(Date)