



# Parties & Events

— Registration Form —

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Party Date: \_\_\_\_\_ Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Number of Guests: \_\_\_\_\_ Age of Guests: \_\_\_\_\_

### LOCATION

OUTDOORS  INDOORS

### PARTY TYPE

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> <b>TENNIS</b><br>1½ hours<br>Up to 6 guests per court<br><b>\$180 per court</b> | <input type="checkbox"/> <b>MULTI-SPORT (SMALL)</b><br>1½ hours<br>Up to 12 guests<br>Includes 2 staffers<br><b>\$525</b><br>Additional guests: \$25 each | <input type="checkbox"/> <b>MULTI-SPORT (LARGE)</b><br>1½ hours<br>Up to 24 guests<br>Includes 3 staffers<br><b>\$695</b><br>Additional guests: \$25 each | <input type="checkbox"/> <b>OTHER</b><br>Contact us for other types<br>of parties, including pool<br>and formal. |
|--|---|---|--|

### DETAILS & PAYMENT

At least one pro or coach and one coordinator will be on hand to organize the activities, serve food and refreshments (not provided), and clean up. The actual number is based on party size, and additional staff members are available at an hourly rate of \$105. One additional staff member is required for parties with children under the age of seven. The party will be moved to the backup date in the event of inclement weather. A 50% deposit is due with this form to reserve your party date and time, with the remaining 50% due the day of the party. Gratuities to the staff are appreciated. Any excessive damage to the facility or grounds will be subject to a minimum \$150 clean-up fee. All reservations are subject to a \$150 cancellation fee.

Deposit:  Tennis – \$90 x \_\_\_\_\_ Court(s) = \$ \_\_\_\_\_

Multi-Sport – 50% x \_\_\_\_\_ = \$ \_\_\_\_\_

Check (payable to **Armonk Tennis Club**)

Credit card:  MasterCard  Visa  American Express

Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Please mail or fax this form  
with your deposit to:**

Armonk Tennis Club  
546 Bedford Road • Armonk, NY 10504  
P: 914.273.8124 • F: 914.273.8502

### Release & Waiver

Please read and sign on reverse.



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### **Release & Waiver**

In consideration of participating in the party/event at Armonk Tennis Club, I represent that I understand the nature of this 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 Armonk Tennis Associates LLC, SRS Armonk Associates LLC, 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 Armonk Tennis Associates LLC (the "Club"), I am aware that the Club does not provide medical insurance in such programs.

In the event of an emergency, I hereby grant Armonk Tennis Club permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room.

Permission is hereby granted to utilize photos and video taken at Armonk Tennis Club as promotional materials.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parental Consent (if applicable)**

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

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_