

# 2022 Baldwin Hills & Nantucket Swim & Tennis Club

## JLTA Tennis

### Registration & Waiver Form

#### One time registration

Instructor – Jim Lopez

Registration at Tennis Courts or Email

Make payments to: Jim Lopez

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent's Signature (if under 17) \_\_\_\_\_ Email: \_\_\_\_\_

#### Waiver & Release of Liability

First, Participant represents that he/she has no congenital, physical, or mental health problems that will preclude or limit participation in this fitness program. Specifically, Participant represents that he/she has no underlying cardiovascular, neurological, or any other illness that will preclude or limit participation in this program. Further, Participant represents that he/she has sought medical advice to resolve any questions as to whether he/she should participate in this fitness program.

Second, Participant agrees that Jim Lopez and tennis staff as independent contractors, and Baldwin Hills Swim & Tennis Club ("BHS&TC") and Nantucket Swim & Tennis (NS&T) the owner of the facility in which the tennis program will be conducted, are not responsible for any injury or loss of property Participant may suffer while participating in activities, using equipment, or otherwise occurring while on the premises, for any reason whatsoever, including ordinary negligence on the part of the Instructor, BHS&TC, its agents, or employees.

Third, Participant acknowledges that he/she understands that these and other physical activities involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks and injury to bones, joints, or muscles.

Fourth, Participant asserts that he/she is voluntarily participating in this tennis program with knowledge of the dangers involved and hereby releases and covenants not to sue Instructor, BHS&TC, (NS&T) HOA, or their owners, employees, or agents and agrees to hold them harmless from any and all claims, losses, causes of action, or demands arising as a result of Participant's engaging in fitness activities or any activities incidental thereto or from acts or omissions on the part of Instructor, BHS&TC or their employees, or agents.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature (parent if under age 17)

\_\_\_\_\_  
Print Name Instructor's signature

Payment Amount \_\_\_\_\_ Type (ex:Paypal, Venmo, Cash, check, other) \_\_\_\_\_