

Tennis Club Of Vista: 685 W. Taylor St Vista CA 92084

info@tennisclubofvista.com

760-726-4406

tennisclubofvista.com

LIABILITY RELEASE AGREEMENT

As a recipient of this waiver I (we) agree to the following:

I (we), on behalf of myself, my spouse, my heirs and legal representatives release Tennis Club of Vista (the Club), owners, employees, and anyone associated with the Tennis Club from liability for injury, death or loss suffered by me caused by the negligence of Tennis Club of Vista, owners, employees and anyone associated with the tennis club.

All such claims are waived and released and I covenant not to sue therefore. I understand that the behavior and safety of the members is not the responsibility of the Tennis Club of Vista Inc. I(we) recognize that the Tennis Club of Vista Inc. is a private facility and that all memberships are entitled to a quiet environment and that I(we) will cooperate in maintaining a safe and serene playing environment at all times.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume risk that my family and/or I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my family and/or myself (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or my family may experience or incur in connection with my or my family's attendance at the Club ("Claims").

On my behalf, and on the behalf of my family, I hereby RELEASE, covenant not to sue, WAIVE, DISCHARGE, and HOLD HARMLESS the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand the Club has made this document available to me and that I have the opportunity to hire counsel at my own expense to evaluate the document prior to signing.

I have read and understand this document, and have voluntarily agreed to sign this document without any duress or undue influence. I further understand that, by signing this document, I am releasing certain legal rights I might otherwise have.

Tennis Club Of Vista / Vista Pickleball Club:
LIABILITY RELEASE / MEMBERSHIP AGREEMENT

ACKNOWLEDGED AND AGREED TO BY:

Print FIRST Name LAST NAME

Street Address City State Zip Code

Texting Phone Number email address

Print Couple Member

Texting Phone Number email address

TENNIS AND PICKBALL MEMBESHIP PLANS:

1. _____ **Single: \$ 80/month: _____ Add Pickleball \$20/month**
2. _____ **Couples: \$90/month: _____ Add Pickleball ball \$30/month**
3. _____ **Family: \$100 /month: _____ Add Pickleball for \$40/month**
4. _____ **USTA/Tennis Competitors "Guest League Player" Option: \$150 per season**
5. _____ **USTA "Match Only" Player Option: \$100 per season**
 - 4.A _____ **League Team Name**
 - 4.B _____ **2nd League Team Name**

PICKLEBALL ONLY MEMBERSHIP PLANS

Monthly Members

1. _____ **Single \$55 per month**
2. _____ **Couples \$75 Per month**
3. _____ **Families: \$100 per month**
4. _____ **Tennis & Pickleball memberships**
5. **Hourly "Members" Pickleball play: Reservations required:**
 - 1 hour \$15 per court: 2-4 Players
 - 2 Hours \$20, per court:2-4 Players
 - 2 Hours Drop In play \$7.00

CLUB FEES : DUE UPON SUBMISSION Payment Methods:

Cash or Check # _____ Date _____ Amount: _____

Zelle Option _____ using richarddodger@icloud.com.

TCV Representative

Member's Signature

Date