

**Guest Registration**

Guests must be accompanied by the member and the member account will be charged the appropriate fee. Guests may not charge to a member account if the member is not present. Guest fees are charged for gym, court or pool usage, but not for snack bar only visits. The guest may pay cash for snack bar purchases, or it may be charged to the account of the member who is with the guest.

**RELEASE OF LIABILITY**

**\_\_\_\_\_ I AGREE TO RELEASE** Sutter Lawn Tennis Club (including all board members and clubs officers, directors, employees, coaches, volunteer workers, agents, representatives, successors-in-interest, assigns and their insurers), **from all liability for injury, death, and property loss and damage that results from use of the facilities, or that arises out of any condition of the premises or the conduct of any person at any time, including all liability that results from the NEGLIGENCE of the Sutter Lawn Tennis Club, or any other person or cause, to the fullest extent permitted by law.**

\_\_\_\_\_ I acknowledge this agreement is governed by the applicable laws of the State of California. I further agree that any action involving parties or issues relating to or arising out of this agreement must be instituted and prosecuted in the courts in Sacramento County, California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in effect.

THIS AGREEMENT SHALL BE BINDING FOR AND SHALL REMAIN IN FULL FORCE UNTIL COMPLETION OF THE GUEST ACTIVITY

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY ON MY OWN BEHALF AND ON BEHALF OF ANY MINOR NAMED HEREIN.**

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Parent/guardian:** If the participant is a minor, I represent and verify that I am the parent or legal guardian of the minor, and I have authority to enter into this Agreement on behalf of the participant and I authorize the medical care described in this Agreement.

Parent/guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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Date: \_\_\_\_\_

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