



NOCTC
PO Box 5242
Fullerton CA
92838

www.noctc.com
twitter.com/noctc_tennis

MEMBERSHIP APPLICATION

PLEASE COMPLETE ALL SECTIONS

One application form must be completed for EACH MEMBER. Please **PRINT CLEARLY**.

Name _____ Home Phone () _____
 Address _____ Work Phone () _____
Street
 _____ Rating _____
City State Zip

EMAIL ADDRESS (print clearly please) : _____

CONTACT IN CASE OF EMERGENCY Name _____ Phone () _____

ALTERNATE EMERGENCY CONTACT Name _____ Phone () _____

Annual dues are \$35.00 per person per year. Membership year runs from January 1st through December 31st. If you join on June 1st or after, you pay \$17.50 for the remainder of the membership year.

Make checks payable to **NOCTC** and mail to: **NOCTC ♦ PO Box 5242 ♦ Fullerton, CA. 92838**

ASSUMPTION OF RISK AND LIABILITY SIGNATURE REQUIRED FOR MEMBERSHIP

I, the undersigned, acknowledge that in consideration of my involvement in the North Orange County Tennis Club (herein referred to as "The Activity"), that I, for myself, my personal representatives, heirs, next of kin, spouse and assigns, do hereby:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE NORTH ORANGE COUNTY TENNIS CLUB BOARD OF DIRECTORS, OFFICERS AND ITS MEMBERS (herein collectively referred to as NOCTC) for and from any and all claims and liability arising out of strict liability, dangerous condition of public property and/or ordinary negligence which may cause injury, death, damages or property damage to myself. I hereby agree to indemnify and hold NOCTC harmless for and from any claim, judgment or expense NOCTC may incur which may arise out of participation in the Activity.
2. Acknowledge that the Activity is inherently dangerous and that I participate at my own risk. I further understand that the Activity contains risk of minor injuries, serious injuries and even death, and that other participants in the Activity pose a danger to me. Nevertheless, I VOLUNTARILY ELECT TO ACCEPT ALL RISK connected with my participation in the Activity.
_____ (Please Initial)
3. Acknowledge that no oral representations or inducements have been made to me to sign this Agreement. If any portion of this Agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect
4. Agree that this Agreement shall apply to any incident, accident, injury or death occurring during my participation in the Activity.

I HAVE READ THIS DOCUMENT. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.

_____ (Please Initial)

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature _____ Date _____

Print Name _____