



Rosemarie Shellabarger Tennis Center Membership Contract

Choose One: New Membership Renewal

Membership Type	Monthly Payment Plan	(10% Discount) Annual Membership	(7 months) Winter Only Membership
<input type="checkbox"/> Individual	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$890 (save \$90)	<input type="checkbox"/> \$549
<input type="checkbox"/> Junior	<input type="checkbox"/> \$41.25	<input type="checkbox"/> \$445.50 (save \$45)	<input type="checkbox"/> \$274
<input type="checkbox"/> Young Professional	<input type="checkbox"/> \$41.25	<input type="checkbox"/> \$445.50 (save \$45)	<input type="checkbox"/> \$274
<input type="checkbox"/> Mini-Family	<input type="checkbox"/> \$123.75	<input type="checkbox"/> \$1336.50 (save \$135)	<input type="checkbox"/> \$824
<input type="checkbox"/> Family	<input type="checkbox"/> \$137.50	<input type="checkbox"/> \$1485 (save \$150)	<input type="checkbox"/> \$979

Initiation Fee

\$ _____

Contract Length

_____ Months

Contract Dates

_____ - _____

Primary Member and Responsible Party:

Name: _____ Tennis NTRP Level: _____ M F

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Birthdate: _____

E-mail: _____

Employer Name: _____ Occupation: _____

Co-member: (if obtaining a Family or Mini-Family Membership)

Name: _____ Tennis NTRP Level: _____ M F

Relationship to Member: _____ Birthdate: _____

Employer Name: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Dependent Members - 22 years or under: (if obtaining a Family Membership only)

Name: _____ Sex: M F Birth date: _____

Name: _____ Sex: M F Birth date: _____

Name: _____ Sex: M F Birth date: _____

Check here if you do not want to be listed in a Shellabarger Tennis Membership Directory

Membership Agreement

I, the undersigned, am taking out a membership at the Rosemarie Shellabarger Tennis Center. Court time and other expenses are separate and are not covered by the membership dues. Memberships are non-transferable and non-refundable. Tennis Center rates and policies may change without prior notice. Management reserves the right to cancel a membership at any time. I agree to pay my membership in accordance with the payment plan or the one-time payment option. I have read all of the Tennis Center's policies and regulations and the waiver in this contract, and I agree to abide by them accordingly. I understand that at the expiration of this contract my membership will automatically renew on a month to month basis. If I do not wish for my membership to renew automatically I must notify club management a minimum of 60 days prior to the expiration of my membership. I understand that any cancellations or changes made to my membership must be done so by submitting the proper forms for such actions. Forms for cancellations or changes can be obtained from the club reception desk. I understand that if I cancel my membership for any reason before the conclusion of this contract, I will be required to pay an early termination fee of \$300.00. Suspending a membership during a contract period is only allowed for medical reasons and has a maximum length of 6 months and a fee of \$150.00. I am agreeing for the use of my image and name to be used in marketing material for the Tennis Center. I understand that there is a \$100 change fee to downgrade my membership. I understand that if I cancel my membership for any reason or if there is a lapse in my membership for any reason, I will be required to pay a new initiation fee if I decide to rejoin Rosemarie Shellabarger Tennis Center at a future date.

Signature: _____ Date: _____

Financial Information

1) Initiation Payment and 1st Month of Dues or 12 Months of Annual Dues

Total enclosed: \$ _____ Check Cash Credit Card Date: _____

Please charge my Visa/MC/Discover card in the amount of: \$ _____

Name on Card: _____ Account #: _____ Exp. Date: _____

Signature: _____

2) Monthly Membership Payment

BANK ACCOUNT - Please deduct monthly membership payments of \$ _____ from my bank account each month on the 1st of the month, beginning _____ for my membership dues.

Bank Routing # _____

Account # _____

Signature _____

3) In-House Membership Transactions

CREDIT CARD ON FILE – For daily transactions at the tennis center have your card on file.

Visa Mastercard Discover

Card # _____ Expiration Date _____

Signature _____

Waiver of Liability

It is expressly agreed that the use of The Rosemarie Shellabarger Tennis Center, participation in Center sponsored activities and events, and transportation provided by the Center, shall be undertaken by a member or his/her guests, family and and/or dependents at his/her/their own risk. This is particularly true of the Tennis Center, where it is recognized that use of the equipment and/or facilities and even exercise itself may be inherently dangerous for persons with certain physical conditions. The member therefore hereby indemnifies and holds Center and Colorado Tennis Management, Inc. harmless against any and all claims arising out of damage or injury to person occasioned by the use of the Center's facilities by member and his/her guests, family and/or dependents; and understands that the Center and Colorado Tennis Management, Inc. takes no responsibility for the physical condition or health of users of the Tennis Center and expressly disclaims liability for the consequences of any particular exercise or athletic regimen a user may follow. This indemnification extends to the Center, its Board, officers, agents and employees and Colorado Tennis Management, Inc. and its Board, officers, agents, and employees who shall not be liable for any injury or damage to any member or member's family, dependents or guests be subject to any claim, demand or damages whatsoever. Moreover, the Center, its Board, agents and employees and Colorado Tennis Management, Inc. and its Board, officers, agents, and employees shall not be responsible or liable to any member or member's family, dependents or guests for articles damaged, lost, or stolen in or about the Center, or in lockers, or for loss damages to any property including but not limited to automobiles and the contents therein.

Signature: _____ Date: _____