



**Steamboat Tennis & Athletic Club (STAC)
WAIVER AND LIABILITY RELEASE**

PLEASE READ BEFORE SIGNING

In consideration of being allowed to use the tennis, exercise and other equipment and facilities of STAC Properties, LLC, DBA Steamboat Tennis & Athletic Club, Olympia WA ("STAC") (the "Facilities"), and to participate in classes, sports events, exercise programs and other activities held at or occurring on STAC's premises, including but not limited to, those offered in connection with any program, concert, event or other function held at or occurring on or off of STAC's premises (the "Activities"), the undersigned acknowledges, appreciates and agrees as follows.

1. The risk of injury from my use of the Facilities and participation in the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my use of the Facilities and participation in the Activities.
3. I willingly agree to comply with the stated and customary terms and conditions for use of the Facilities and participation in the Activities. If, however, I observe any unusual significant hazard in my presence or during my use of the Facilities or participation in the Activities, or I otherwise believe any conditions or equipment of STAC to be unsafe, I will immediately discontinue further use of the Facilities and participation in the Activities and bring the aforementioned to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives, executors, administrators, and next of kin, HEREBY RELEASE AND AGREE TO HOLD HARMLESS the Steamboat Tennis & Athletic Club, LLC, and STAC Properties, its parent, subsidiary, and related companies and their members, collectively, and the officers, directors, officials, agents, employees, volunteers, representatives, other participants, sponsoring agencies, sponsors and advertisers of the foregoing (together, "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby authorize STAC to allow the reproduction, dissemination and publication of my name, likeness, and voice (including but not limited to, by photograph, film, and/or video tape recording) in connection with my use of any of the Facilities or participation in any of the Activities, for media coverage, public relations, or any other purpose. I understand and agree that I may neither pay a fee to receive individual promotional consideration from my use of the Facilities or participation in the Activities, nor will I receive payment for the possible commercial use of my name, likeness or voice as contemplated hereunder.

I HAVE READ THIS WAIVER AND LIABILITY RELEASE. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AS OF THE DATE OF MY SIGNATURE BELOW.

Signature: _____ Signature: _____

Signature: _____ Signature: _____

IF SUBJECT IS UNDER 18 YEARS OF AGE: This is to certify that I, as the parent/guardian of the above-named person, have the right and authority to sign this waiver and liability release on his/her behalf and do hereby consent and agree to his/her release of all Releasees as provided above. For myself, my heirs, assigns, personal representatives, executors, administrators, and next of kin. I HEREBY RELEASE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, the Releasees from and against any and all liabilities incident to the above-named person's use of the Equipment of participation in the Activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further grant to STAC the right to act as guardian/spokesman in granting permission for emergency treatment or hospitalization, (including anesthesia) if necessary for my child en route to or from, or at the site of, STAC, or hospital or other medical facility. I understand that should a health emergency arise, an attempt will be made to notify me, but that if I cannot be reached promptly by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Street Address: _____ City, State, Zip: _____

Steamboat Tennis & Athletic Club (STAC) STANDARD MEMBERSHIP APPLICATION



Applicant Information

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____ Email: _____

Spouse/Dependents/Children ** 18-24 years old must complete liability and release form** NTRP Rating _____

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

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First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Membership Type: Single [] Couple [] Family [] Junior [] Pickleball []

Emergency Contact

Full Name: _____ Phone: _____ Relationship: _____

Preferred method of payment: Automatic Credit Card Deduction

PLEASE READ AND REVIEW BEFORE SIGNING

- I understand that STAC is not responsible for lost, stolen or damaged items.
- I understand that physical activity can be risky and dangerous. I will seek the advice of a physician before beginning a new exercise program for dependents or myself.
- I understand that my account will be fined a finance fee on past due balances. I also understand that I am responsible for all collection fees, court costs, and attorney fees if my account becomes past due.
- I understand that my payment of initiation fees, membership dues and any other club charges incurred by me, my family, and guests does not give me any interest in the club, its ownership, its property, or its assets. I take responsibility for any charges incurred to my account by me or my dependents on my membership.
- I understand that if I or a member on my account does not give proper notice to cancel an appointment, I will be charged for the amount of the appointment for personal training, nutrition, swim lesson, tennis lesson, tennis court cancellation fee, or other program as specified per the 24 hour cancellation policy.
- I understand that STAC reserves the right to revoke or terminate my membership at its sole discretion, any time, should my conduct or the conduct of my dependents be viewed by management as inappropriate or if my account is in excess of 90 days past due, and that I must pay the outstanding balance due as well as a new initiation fee to regain my membership.
- I understand that it is my responsibility to notify STAC of any billing information changes and that I will pay by checking account (EFT) or Automatic Credit Card Deduction, of which I have indicated above.
- I understand that I will be charged a \$25 fee for each time a Credit Card Deduction or NSF Check is returned.
- I understand that membership policies can be obtained and reviewed at the front desk.
- I understand that my membership may be cancelled at any time after giving written notice to STAC or by appropriately completing a Membership Change of Status form available at the front desk. If this notice is mailed it must be certified with a return receipt enclosed. I understand that giving **verbal notice of cancellation is inadequate**.
- I understand that my signature under the 1-year contract terms and condition binds me to 1 year of active membership. If I terminate early, I must pay the remaining balance of the discontinued enrollment fees for my existing membership level.
\$ _____
- I understand that Steamboat Tennis & Athletic Club adopts general increases in dues from time to time, and the dues I am obligated to pay may be increased whenever such general increases are adopted. After one year, my membership will begin as a month-to-month contract and I may terminate at any time with written notice and without obligation to pay the remaining balance of the enrollment fee.

Signature: _____

Date: _____

Steamboat Athletic & Tennis Club (STAC)
PAYMENT FORM



Please choose your preferred method of recurring payment.

Electronic Funds Transfer (EFT)

****Please include a copy of a voided check****

Name on account: _____

Bank Name/Branch: _____

Bank Address: _____

Routing #: _____ Account #: _____

Please check one: Checking Savings

\$5/Month Shower Towel Service \$4/Month - Small Locker \$7/Month - Regular Locker

Membership Fee/Month: \$ _____ Applicable Tax: \$ _____

Total per month including tax: \$ _____

I (we) authorize the Steamboat Athletic & Tennis Club, LLC to initiate EFT - automatic withdrawals from the banking account listed above as payment when my membership fee's become due. I (we) authorize the financial institution to accept these deductions initiated by the Steamboat Athletic & Tennis Club, LLC.

Printed Name: _____ Date: _____

Signature: _____

Automatic Credit Card Deduction

Name on Card: _____

Card Number: _____

Expiration Date: ____/____/____ CVC (Back of card): _____ Billing Zip Code: _____

\$5/Month Shower Towel Service \$4/Month Small Locker \$7/Month - Regular Locker

Membership Fee/Month: \$ _____ Applicable Tax: \$ _____

Total per month including tax: \$ _____

I (we) authorize the Steamboat Athletic & Tennis Club, LLC to initiate automatic credit card deduction from the card listed above as payment when my membership fee's become due. I (we) authorize the financial institution to accept these deductions initiated by the Steamboat Athletic & Tennis Club, LLC.

Printed Name: _____ Date: _____

Signature: _____