



**City of Oakland Park
Parks & Leisure Services Department
Dillon Tennis Center
Member Registration Form**



Members Information:

Name, First and Last: _____ Date of Birth: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email: _____

Type of Membership: _____ Expiration Date: _____

Medical Conditions: _____ Allergies: _____

Waiver:

I, the undersigned, desire to use the tennis facility at the Dillon Tennis Center. I acknowledge and understand that there are inherent risks to which I will be exposed because of the nature and activity level involved with tennis. I hereby waive, release, absolve and indemnify and agree to hold harmless the City of Oakland Park, the Parks and Leisure Services Department, the organizers, supervisors and participants for any claim arising out of injury. I understand that I assume all liability and indemnify and hold harmless the City of Oakland Park, its agents, representatives and employees from any and all actions, causes of actions or claims on account of, or in any way growing out of, any lack of supervision. I understand the physical requirements of participation in these activities and affirm that the participant meets these requirements. I give permission for instructors, staff and emergency personnel to make necessary first aid decisions in the event of accident, injury or illness. In the case of injury, accident, illness, or inability to complete these activities, I will bear the full cost of any expense incurred due to any injury or damage to my property.

BY SIGNING THIS WAIVER, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO ALL OF THE TERMS HEREIN.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

Staff Signature: _____ **Date:** _____