SUN CITY PALM DESERT TENNIS CLUB
MEMBERSHIP APPLICATION AND RELEASE OF LIABILITY

In signing and submitting this application along with the membership fee, I/we acknowledge and agree to the following:

1) **I/WE AM/ARE AWARE THAT ENGAGING IN TENNIS CAN BE A HAZARDOUS RECREATIONAL ACTIVITY INVOLVING NUMEROUS RISKS OF INJURY, INCLUDING BUT NOT LIMITED TO FALLS, LOSS OF CONTROL, COLLISIONS WITH OTHER PEOPLE AND THINGS, AND/OR DEATH, AND I/WE FREELY ASSUME THOSE RISKS.**
2) The Sun City Palm Desert California Association (SCPDCA), ITS BOARD OF DIRECTORS, It's general manager, employees, the SCPDCA Tennis Club (SCPDTC), it's agents, volunteers or mentors are, to the best of their abilities, providing the facilities and any coaching for the safe enjoyment of tennis.
3) It is my/our responsibility to determine when and under which circumstances it is unsafe for me/us to use the Tennis facilities and/or participate in any activities sponsored by the SCPDTC.
4) I/we, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify, defend, and hold harmless the Association, its Board of Directors, General Manager, employees, and the SCPDCA Tennis Club and anyone affiliated with the Club from any and all claims, asserted or established, for damages or injuries to me/us, that arise out of or are in any manner directly or indirectly connected with my/our participation in tennis activities.
5) I/we also give permission to use and distribute for publication within Sun City Palm Desert my image & name for any purpose connected with the Tennis Club, including promotional, marketing, informational and archival uses.
6) I/we assume full responsibility for all guests using the facilities at my/our invitation. I/we also agree to hold SCPD Tennis Club harmless for all damage or injury sustained by guest on SCPD property, including indemnification for all costs/fees incurred by SCPDTC or SCPDCA.

Membership Fee for 2026-2027 is $20 per person. Make check payable to **SCPD Tennis Club** (**NO CASH**) and deposit it along with this completed and signed application form into **Box 8** in the Mountain View Club House (across from the Post Office).

( ) Contact information has changed

PRINT NAME:_____SIGNATURE:_____

SCPD ADDRESS:_____

PHONE NBR:_____EMERGENCY NBR:_____

EMAIL:_____ RATING: 2.0 2.5 3.0 3.5 4.0 4.5 5.0

PRINT NAME:_____SIGNATURE:_____

SCPD ADDRESS:_____

PHONE NBR:_____EMERGENCY NBR:_____

EMAIL:_____ RATING: 2.0 2.5 3.0 3.5 4.0 4.5 5.0