



In consideration of being permitted to participate in any way in West Coast Tennis Academy @ Bobby Riggs Tennis Club (WCTA @ BRTC) and Rancho Valencia Resort (Rancho Valencia Junior Program run by West Coast Tennis Academy) I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue WCTA@BRTC & RVRby@WCTA, its officers, employees, and agents from liability from any and all claims including the negligence of WCTA@BRTC & RVRby@WCTA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to participation in WCTA@BRTC & RVRby@WCTA.

**Assumption of Risk:** Participation in WCTA@BRTC & RVRby@WCTA carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary and range from minor injuries such as scratches, bruised, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in WCTA@BRTC & RVRby@WCTA. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I agree to defend, indemnify, and hold harmless WCTA@BRTC & RVRby@WCTA from and against any and all loss, liability charges, actions, claims, suits, and expenses (including attorney fees) and cost which may arise by reason of participation in WCTA. (WCTA@LCR does not provide any insurance for program participants).

**RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT:** I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on their application and I verify that the coverage information attached herewith is accurate and true. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I further agree to expressly assume the risk of my minor child participating in WCTA@LCR.

I am the parent/guardian of the minor \_\_\_\_\_ and I am signing this release on behalf of said minor.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Parent/Guardian, Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this signed form to West Coast Tennis Academy @ WCTA@BRTC & RVRby@WCTA: via MAIL: PO Box 230132 Encinitas Ca 92023



# West Coast Tennis Academy

OUR REFUND POLICY IS AS FOLLOWS

## AGREEMENT FOR TENNIS PROGRAMS, PRIVATE TRAINING, CAMPS

### Sessions

Schedule: The players schedule remains consistent each session. You must notify the office via fax or e-mail on future planned events by the 1<sup>st</sup> of the session; otherwise you are billed for all planned sessions. Refunds and credit are NOT available for missed sessions. Absences due to an emergency or illness are entitled to 1 make-up class. Make-ups must be scheduled within 30 days of the absence and will not be deducted from tuition. If you would like to insure you're child is registered in the next session, please contact the office to pre register your child. This policy applies to all participants unless withdrawal from the program is due to a major illness (with the approval of the WCTA office). All sessions are paid in full before participation.

### Camps - Cancellation or switching camps

60 days before first session	90% Refund
30 days before first session	70% Refund
12 days before first session	0% Refund,
7 days before first session	0 % Refund

Switching camp dates: 30 days before first camp otherwise a 10% fee of switching camps will apply. There are no credits for pulling out of camps once it starts.

### Private lessons and Clinics

The player schedule remains consistent each month. You must notify the office via e-mail or phone call on future planned events by the 1<sup>st</sup> of the session; otherwise you are billed for all planned lessons. Refunds and credits are NOT available for missed session unless there is a 24-48 hour notice to the coach. Absences due to an emergency or illness are entitled to 1 make-up session, coach needs to be contacted. Make-ups must be scheduled within 30 days of the absence and will not be deducted from tuition. There are no refunds for prepaid lessons.

### Termination of Program

We require 2 weeks notice to end private lessons and 30 days for membership/ISPE. This gives us time to assess progress and gives the child a sense of closer. There are no refunds if in the middle of a session or month with dues.

### Before and After Program

The undersigned agrees to drop off and pick up the child promptly at the beginning and end of each session from the tennis courts. The undersigned assumes all risks and hold harmless WCTA/BRTC/RVR staff and downers, should the child leave the tennis court after the program. The WCTA does NOT provide supervisions before or after the scheduled session times.

### Payment Policies

West Coast Tennis Academy requires credit card payment on each participant:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Option: \_\_\_\_\_ Pmt /Visa/MC # \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Liability and Refund forms must be signed before program begins \_\_\_\_\_

I have read the terms and conditions stated above and agree to these terms and conditions. Please sign and return full paper, a copy will be mailed back to you if you request.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian, Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this signed form to West Coast Tennis Academy @ WCTA@BRTC & RVRby@WCTA  
via MAIL: PO Box 230132 Encinitas Ca 92023 Office: 760-753-5530



**West Coast Tennis Academy**

**RELEASE OF PHOTOGRAPHY FOR ADVERTISING PUBLICITY, COMMERCIAL, PUBLICATION, DISPLAY AND OTHER PURPOSES**

I am the parent/guardian of the minor \_\_\_\_\_ and I am signing this release on behalf of said minor.

I \_\_\_\_\_, (being the age of )\_\_\_\_\_ years), for Good and sufficient consideration, do hereby agree that any and all photographs taken of me in the past and all photographs which my hereafter be taken of me for or by West Coast Tennis Academy (WCTA) or Bobby Riggs Tennis Club or Rancho Valencia Resort and Spa, may singularly or in layout with other photographs or artwork, whether in connection with my name or in any manner deemed fit by WCTA/BRTC/RVR, its successors and assigns, be utilized without any liability or obligation to me, for any and all lawful advertising, publicity, commercial, publication, display or other purposes and I hereby waive any and all claims for compensation and /or claims to or interest in the reproduction, publication circulation or other use of any such photographs.

If the individual named in this release is under 18 years of age, the signature of a parent or guardian is also required.

I HAVE READ THE ABOVE AUTHORIZATION, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, fully understand its terms and understand that I am giving up substantial rights by agreeing to these terms, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature and agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Parent/Guardian, Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

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# West Coast Tennis Academy

OUR PAYMENT POLICY IS AS FOLLOWS

## AGREEMENT FOR ADULT TENNIS PROGRAMS AND PRIVATE LESSONS

### Programs

Schedule: The players schedule remains consistent each session. You must notify the office via fax or e-mail on future planned events by the 1<sup>st</sup> of the session; otherwise you are billed for all planned sessions. Refunds and credit are NOT available for missed sessions. Absences due to an emergency or illness are entitled to 1 make-up class. Make-ups must be scheduled within 30 days of the absence and will not be deducted from tuition. If you would like to insure placement for existing program or time in the next session, please contact the office to pre register. This policy applies to all participants unless withdrawal from the program is due to a major illness (with the approval of the WCTA office). All sessions are paid in full before participation.

### Private lessons and Clinics

The player schedule remains consistent each month. You must notify the office via e-mail or phone call on future planned events by the 1<sup>st</sup> of the session; otherwise you are billed for all planned lessons. Refunds and credits are NOT available for missed session unless there is a 24-48 hour notice to the coach. Absences due to an emergency or illness are entitled to 1 make-up session, coach needs to be contacted. Make-ups must be scheduled within 30 days of the absence and will not be deducted from tuition. There are no refunds for prepaid lessons.

### Termination of Program

We require 2 weeks notice to end private lessons. There are no refunds granted if in the middle of a session or month.

### Payment Policies

West Coast Tennis Academy requires credit card payment on each participant. Monthly payment charges will be made on the 25<sup>th</sup> of the previous month.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Option: \_\_\_\_\_ Pmt /Visa/MC # \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Liability and Refund forms must be signed before program begins \_\_\_\_\_

I have read the terms and conditions stated above and agree to these terms and conditions. Please sign and return full paper, a copy will be mailed back to you if you request.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian, Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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