Bayside Tennis Club 2026 Equity Member Information Sheet

NAME _____

PERMANENT ADDRESS _____

_____

PHONE NUMBER(S) _____

SUMMER ADDRESS _____

_____

SUMMER PHONE _____

EMAIL ADDRESS _____

TOTAL DUE BY MAY 15th ……$300.00*

BY PAYING THIS ANNUAL FEE TO THE BAYSIDE TENNIS CLUB, I CONSENT TO THE ACCIDENT WAIVER AND RELEASE OF LIABILITY STATEMENT BELOW.

Mail a check to: PO Box 323 Bethany Beach, DE 19930

Or pay electronically:

PayPal – baysidetennis323@gmail.com *Payment amount = $310 to cover PayPal fees
Venmo - @baysidetennis *Payment amount = $310 to cover Venmo fees

I HEREBY ASSUME ALL OF THE RISKS OF PLAYING TENNIS AT BAYSIDE TENNIS CLUB FOR MYSELF AND ANY OTHER PEOPLE ON THE COURT WITH ME, including any risks that may arise from negligence or carelessness on the part of the Bayside Tennis Club Inc. ("Bayside") and others.

I take this action for myself, my executors, administrators, heirs, next of kin, successors, and assigns. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, Bayside. and/or their directors, officers, employees, volunteers, representatives, and agents. I further agree to INDEMNIFY, HOLD HARMLES AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of playing tennis, whether caused by the negligence or otherwise.

I CERTIFY THAT I HAVE READ THIS STATEMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ _____

Signature(s)

Date: _____

Revised 3.13.25