

Tam Heather Curling & Tennis Club
730 Military Trail, Toronto, Ontario, M1E 4P7 416-284-9251
www.tamheather.ca info@tamheather.ca

CO-ED CLINIC APPLICATION 2011/12

NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS			
CITY	POSTAL CODE	EMAIL	
HOME PHONE			
EMERGENCY CONTACT		PHONE NUMBER	

FEE

PAYMENT

\$100.00

\$ _____

METHOD OF PAYMENT - Total payment is due prior to the start of clinic.

Visa MasterCard Cheque Cash

Card Number _____/_____/_____/_____ Expiry Date ____/____

Name on Credit Card _____ **(PLEASE PRINT)**

Release: In consideration of the acceptance of this application by Tam Heather Curling & Tennis Club ("Tam Heather"), I hereby release the Tam Heather Curling & Tennis Club and each of its members, officers and employees (collectively the "Releasees") from all claims for damages which I, my family and guests may have for anything done or omitted to be done as a result of negligence or otherwise in connection with the operation of Tam Heather (the "Released Claims").

Indemnity: In the event that any of the Released Claims are not effectively barred by the aforesaid release, for the same consideration I hereby agree to indemnify and save harmless each of the Releasees from all Released Claims which may be brought against them and from all costs and expenses, including legal costs, resulting from the making of a Released Claim. In addition, I agree to save harmless and to indemnify the Releasees for any and all damage or loss caused by me, my family or my guests.

Privacy Clause: Personal information collected from our members will be used in order to reach you to discuss the status of your membership with the Club, Club roster and/or by the sections in which you participate. We must also provide this information to the Ontario Curling Association when OCA fees are paid.

Signature _____

DATE: _____

(Signature confirms membership status, reading and acceptance of terms of "Release", "Indemnity" and "Privacy Clause")