

KNOXVILLE BADMINTON CLUB

Timings Subject To Change Based on Availability

Visit us on the web:

www.knoxvillebadmintonclub.com

Participation & Liability Waiver Form

By signing this form I understand that, in consideration of the Knoxville Badminton Club, (hereinafter referred to as the Club), permitting me to participate in playing the Sport of Badminton under its jurisdiction, I hereby release and forever discharge the Club, facility, its Board Members and all its other members, from any and all liabilities arising out of my participation in its activities associated with playing badminton, including travel to and from **any venue**. I am fully aware of the dangers inherent in this sporting activity, and that I should not participate unless I am medically able and properly trained to do so. Through the above, and by signing this form, I understand that no medical and/or other insurance is provided for participation in Club activities. I agree to assume sole risk of any injury related to my participation and to make no claims against the Club, its Board, its Management Committee or any individual organizer for any injury or incident arising from this activity, however caused, including liability for negligence. In addition, I also agree to abide by the Rules, Procedures and recommended Points of Etiquette of the Club at all times and to be liable for any damages caused by my activities. I understand that my participation may be terminated at any time should the Club Board consider my conduct to be detrimental to the reputation or welfare of the Club. I undertake to pay any or all of the appropriately due fees set by the Club for participation in its activities.

I wish to participate as: MEMBER/ VISITOR/STUDENT for the season (Initial Here) _____

Signed: _____

Date: ___/___/___

(Signature of Applicant or Applicant's parent if applicant is under age 18)

APPLICANT INFORMATION

First Name: _____

Last Name: _____

Preferred Name: _____

E-Mail: _____

Cell Phone: _____

Date of Birth: _____

(If under 18) PLEASE INITIAL BELOW:

_____ Please initial if you agree your *Starred information can be included on the Member Directory in the Members Only section of the KBC website.

In Case of Emergency Contact:

Name: _____

Relation: _____

Phone: _____

FOR OFFICIAL USE ONLY

These appropriate fees have been paid:

(a) Course Fee: \$ _____

One makeup class for Individual Session ONLY

NO makeup classes for group sessions

4 Classes / Month – 45 min

Individual Rate \$220 / Month -- 1 Session \$60

4 Classes / Month – 45 min

Group Rate \$120 / Month -- 1 Session \$40