

2018 Dubuque Tennis Association Registration Form

First Name _____ Last Name _____

Address _____ City, State, Zip Code _____

Phone _____ Email _____

Check box if you would like your contact information shared with fellow DTA Members

If we have an abundance of members we are going to time slots.

Please indicate which time slot you would be available for Tuesday/Thursday **4:30-6:00** **6:00-7:30**

HOLD HARMLESS AGREEMENT

I recognize the risks involved in any athletic event and hereby waive, release and hold harmless the Dubuque Tennis Association and all of its officers and volunteers from any liability, claims and rights for damages or injuries growing out of relating to, or arising from participation in any Dubuque Tennis Association activities. I further hereby certify that I have full knowledge of the risks involved and am physically fit to participate.

Name of Player _____

Signature: _____

Date: _____

(Must be signed by a parent if participant is under 18)

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: Holy Family/Wahlert Catholic H.S.

PARISH is understood to include the Arch/Diocese of Dubuque

FACILITY USER: _____

DATES OF FACILITY USAGE: Spring/Summer 2018

TYPE OF FACILITY USAGE: Tennis

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE and the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USERS' employees, agents, partners, family members, students, customers, function attendees, guests, invites, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If and only if FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____

(Must be an official agent of FACILITY USER)

NAME (Please print): _____

DATE: _____

FACUSAG (2/07)