



Key #: _____

2020-2021
RIVER PLACE LD TENNIS COURTS
APPLICATION & INDEMNIFICATION FORM

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PAID: \$ _____ CHECK NUMBER: _____ DATE: _____

Resident memberships cost **\$50.00** and non-resident memberships cost **\$100.00**.
Please make check payable to RIVER PLACE LD and mail to:

Inframark
14050 Summit Drive, Suite 103
Austin, TX 78728

- Key is valid for one FISCAL YEAR (October-September), not necessarily one year from the date of purchase. Fees are not prorated at any time.
- There is a \$25 fee to replace a lost or stolen key.
- Refunds will not be issued for canceled/unused memberships.

I have made application for use of River Place Limited District's (the "District") tennis courts on behalf of myself and the listed members of my family. I understand that the District's tennis courts are for use of authorized persons only, and agree that all use by me, my family and our guests shall be in accordance with the District's Rules and Regulations. I agree that the District does not, by the providing of the tennis courts, assume any responsibility or liability to our guests or us. We assume all responsibility for, and waive any claim against the District, its officials, agents, independent contractors and representatives for accidental injury, property damage or death directly or indirectly arising out of the use of the tennis courts by any of our guests or us. We agree to indemnify and hold harmless the District, its officials, agents, independent contractors and representatives, whether paid or volunteer, from any and all claims by us or our guests which may arise out of use of the District's tennis courts. If this application is on behalf of any minor children, the application represents that the applicant is the legal guardian of said children and fully responsible for such children, and authorized to execute this application and release on their behalf. I understand that the children, if under ten (10) years of age, must be accompanied by a person fourteen (14) years of age or older when using the District's facilities. I further understand that I am responsible for any damage to District facilities caused by my family, my guests or myself. This membership may be renewed in accordance with District rules in which case all terms and conditions in the application will continue in effect.

Applicant Signature: _____ Date: _____