



# PATRON INFORMATION FORM



## STEP 1: PRIMARY PATRON CONTACT INFORMATION

Please write legibly

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ADDITIONAL FAMILY MEMBER PATRONS:

*Must be living in the same household as Primary Patron & Under Age 22*

Complete ONLY IF additional family members are planning on playing tennis at Schwartz Tennis Center

SPOUSE/SIGNIFICANT OTHER: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ CHILD: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Date of Birth Date of Birth

CHILD: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ CHILD: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ CHILD: \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Date of Birth Date of Birth Date of Birth

## STEP 2: PURDUE AFFILIATION or SENIOR

*MUST SHOW PROOF of PURDUE AFFILIATION or AGE upon registration*

FACULTY/STAFF

JOHN PURDUE CLUB MEMBER

CURRENT PURDUE STUDENT

SENIOR

NO PURDUE AFFILIATION

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Estimated Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age 65+

## STEP 3: CHOICE OF PATRON DISCOUNT PACKAGE TYPE

*Purdue Students cannot purchase a discount package.*

PURDUE PREMIERE PATRON

PURDUE TENNIS PATRON

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*Please see the reverse side of this form for information regarding Patron Discount Packages, Standard Rates, and Purdue Student Rates.*

## STEP 4: SIGN & DATE WAIVER

*MUST BE AGE 18 OR OVER; SECONDARY WAIVER MUST BE SIGNED FOR ALL INDIVIDUALS UNDER THE AGE OF 18*

### Waiver, Release & Indemnity Agreement:

I affirm that I and anyone listed on this form is participating voluntarily in all Schwartz Tennis Center activities. I acknowledge that participating in the Activities involves certain risks (some of which I may not fully realize or appreciate) and that injuries, death, property damage, or other harm could result. I accept and voluntarily incur, on behalf of the myself and others listed on this form, all risks of any injuries, damages, or harm caused in whole or in part by the negligence or other fault of Purdue University, The Trustees of Purdue University, and/or its or their departments, trustees, affiliates, employees, officers, agents, and insurers (together, the "Released Parties")

I waive all claims against any of the Released Parties for any injuries, damages, losses, or claims, whether known and unknown, which arise during or result from the participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorney's fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I, (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

I give permission for the Released Parties, and volunteers, as well as any emergency personnel, to make necessary first aid decisions in the event of an accident, injury, or illness suffered during my/our participation in the Activity. If, I/we, needs medical treatment, I shall be financially responsible for any costs incurred as a result of such treatment.

I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily, and I understand it and the legal consequences of signing it, including (a) releasing the Released Parties from all liability, (b) promising not to sue the Released Parties, and (c) assuming all risks of participating in the Activity. I understand that this document is to be governed by and construed as broadly as possible under the laws of the State of Indiana. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Signature of Spouse or Significant other

Date

Signature of Individual Parent/Legal Guardian

Date

### FOR SCHARTZ TENNIS CENTER OFFICE USE ONLY

Discount Pkg. Fee Paid: \_\_\_\_\_ Payment Type: CC ONLY Beginning Date of Discount Pkg.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
JPC ID#: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Faculty/Staff ID#: \_\_\_\_\_