

## **Limited Program Membership Application & Agreement**

Member #:	Todays Date:	<del></del>	
Effective Date of Limited Program Membership: From	m: To:		
1st Child's Name:	D.O.B.:	Gender: M F	
2nd Child's Name:	D.O.B.:	Gender: M F	
Home #:	Parent's Work #:		
Email Address:	Cell #:		
Residence Address:			
Street	Town	State Zip	
Emergency Contact (Name & Relationship):		#	
Joining Fee: \$60 per child - Young Stars \$150 for first child - Junior Development, All Stars/A \$120 for second child - Junior Development, All Sta	_		
Limited Program Membership Program:			
Junior Tennis (\$60):  Junior Tennis (\$150/\$120):			
Upon acceptance and approval of this application by stated above. I agree to pay the joining fee at this time.			
Dovont Signature			
Parent Signature	Date		

14501 Homecrest Road, Silver Spring, Maryland 20906, (301) 598-5200, Fax (301) 598-3185 www.aspenhillclub.com

Waiver of Liability: By entering in to this agreement, the member waives and releases The Aspen Hill Club Limited Partnership, Aspen Hill Tennis, Inc., their owners, officers, servants, employees, agents, subsidiaries, affiliates, and/or partners from any and all liability, claim or cause of action whatsoever arising out of any damage loss or injury to person or property while upon the premises of the Club while participating in any activity at the Club or any activity contemplated by this agreement, whether such loss, damage or injury results from the negligence of Aspen Hill Club Limited partnership, Aspen Hill Tennis, Inc., their owners, officers, servants, employees, agents, or from some other cause. Notwithstanding the above, the member agrees that any remedy that he/she may be entitled to shall be solely and exclusively limited to damages in the amount not to exceed the fees actually paid by the member for services or activities associated with the agreement. Any and all other remedies or damages are hereby expressly waived by the member.

**Rules and Regulations:** Limited Program Members agree to abide by all the membership rules and regulations of the Club which may be issued from time to time either orally and/or written and which may be amended from time to time by management's sole discretion.

**Usage:** As a Limited Program Member, the purpose of your membership is for the program for which you are enrolled. Use of the facilities are during those assigned specific times as deemed by the program application. Under the Limited Membership, guests are not permissible. Use of the facility outside of the program time is not permissible as well. During the program time, other family members **are not** permitted to use the facility.

**Usage pertaining to tennis lessons:** Private lessons may only take place if the student is enrolled in the Junior Tennis Program or Tennis Camp. Once the child is no longer enrolled, private or other group lessons may not take place.

<b>Personal and Club Property:</b> You are urged to avoid bringing valuables onto Club property. Management, its affiliates agents, or employees, shall not be liable for loss, theft, or damage to personal property Initial
<b>Entire Agreemen</b> t: This agreement constitutes the entire and exclusive membership agreement between the parties Any promises, representations, understanding, oral or written, pertaining directly to the agreement, which are no contained herein, are hereby waived. This agreement may be modified only by an instrument in writingInitial

## **Notice of Consumer Rights**

The Aspen Hill Club registration number with the Consumer Protection Division is B2160.

The Aspen Hill Club has complied with the bonding requirement of the health Club Services law by posting a Bond with the Consumer Protections Divisions in the amount of \$200,000.00

Limited Program Members have the right to cancel this agreement and receive a full refund within seven (7) business days after receipt of the agreement. Cancellation must be made and delivered in person or sent by certified or registered mail to the Aspen Hill Club at 14501 Homecrest Road, Silver Spring, Maryland 20906.

If a consumer becomes disabled for at least three (3) months during the membership term and that disability is confirmed in writing by a physician, the consumer has a right to an extension of the contract.

## **Method Of Payment: SELECT ONE**

Amex	Visa	Master Card	Discover	Check	Cash (do not mail cash)		
		<del></del>			<del></del>		
Credit Card	Credit Card #:				Exp. Date: Billing Zip:		
I acknowled	lge that I have	read and understand the	Limited Program	Membership Ag	greement.		
Parent's Signature:				Date:			
Accepted by the Aspen Hill Club:				Date:			