



# PA TE ACADEMY

## AT LTP TENNIS

**2022/2023 REGISTRATION**

**AUGUST 15, 2022 - May 26, 2023**

Player Name \_\_\_\_\_ Birthday \_\_\_\_\_

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Contact Name & # \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

### PAYMENT OPTIONS

- 1 lump sum payment of \$13,500
- 10 payments of \$1350 every 4 weeks (see below)
- Other amount, as agreed with Pate Academy

### PAYMENT IN FULL OR 1<sup>st</sup> PAYMENT DUE WITH REGISTRATION

Payment in Full \$ \_\_\_\_\_ or First Payment \$ \_\_\_\_\_ Start Date \_\_\_\_\_

I authorize Charleston Tennis LLC dba LTP Tennis, LLC to charge the below credit/debit card for payments at this time and in the future as agreed to with Pate Academy and by this registration. I understand that I must give a written 4-week notice to leave this program for any reason or I will be responsible for the next installment tuition payment. I also understand that refunds or makeups will take place only for injury, illness, or exceptional circumstances, as determined by Pate Academy. Should it be necessary for Pate Academy or Charleston Tennis LLC dba LTP Tennis, LLC to enforce the terms of this agreement or the payment terms of this agreement by and through an attorney, Pate Academy or Charleston Tennis LLC dba LTP Tennis, LLC shall be entitled to collect all attorney's fees and costs expended in the enforcement of the terms of the agreement. I agree that I am the responsible party and in signing this agreement I agree to be responsible for and pay all fees associated with this program.

Credit Card # \_\_\_\_\_ CVV # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Randy Pate (704-929-9865), Chris Cagle (814-777-8528), or  
PateAcademy@gmail.com with questions or concerns.

**Charleston Tennis, LLC**  
**WAIVER AND LIABILITY RELEASE**  
*Please read before signing*

In consideration of being allowed to use the tennis, exercise, and other equipment and facilities of Charleston Tennis, LLC (“*Charleston Tennis*”) located at LTP Daniel Island and LTP Mt. Pleasant (the “*Facilities*”), and to participate in classes, sports events, exercise programs and other activities held at or occurring at the Facilities, including, but not limited to, those offered in connection with any program, concert, event, or other function held at or occurring at the Facilities (the “*Activities*”), the undersigned acknowledges, appreciates, and agrees as follows:

1. The risk of injury from my use of the Facilities and participation in the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined below) or others, and assume full responsibility for my use of the Facilities and participation in the Activities.
3. I willingly agree to comply with the stated and customary terms and conditions for my use of the Facilities and participation in the Activities. If, however, I observe any unusual significant hazard in my presence or during my use of the Facilities or participation in the Activities, or I otherwise believe any conditions or equipment of the Facilities to be unsafe, I will immediately discontinue further use of the Facilities and participation in the Activities and bring the aforementioned to the attention of the nearest Charleston Tennis staff member immediately. I agree to comply with the Facilities’ membership policies and rules that may be communicated to me from time to time either in writing, through signage or verbally. The Facilities may, in their sole discretion, modify the policies and any rule without notice at any time. Each Facility reserves the right to refund the pro-rated cost of unused services and terminate my membership immediately for violation of any membership policy or rule.
4. I, for myself and on behalf of my heirs, assigns, personal representatives, executors, administrators, and next of kin, HEREBY RELEASE AND AGREE TO HOLD HARMLESS Charleston Tennis, LLC, its parent, subsidiary, affiliates and related companies and their respective members, managers, and principals, Randy Pate Tennis Academy, its parent, subsidiary and related companies and their members (collectively, “*Randy Pate Tennis Academy*”), the City of Charleston, Daniel Island Associates, LLC and The Daniel Island Company, Inc. (together, “*Daniel Island*”) and the officers, directors, officials, agents, employees, volunteers, representatives, other participants, sponsoring agencies, sponsors and advertisers of the forgoing (together, “*Releasees*”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I hereby authorize Charleston Tennis to allow the reproduction, dissemination, and publication of my name, likeness, and voice (including, but not limited to, by photograph, film, and/or video tape recording) in connection with my use of any of the Facilities or my participation in any of the Activities, for media coverage, public relations, or any other purpose. I understand and agree that I may neither pay a fee to receive individual promotional consideration from my use of the Facilities or participation in the Activities, nor will I receive any payment for the possible commercial use of my name, likeness, or voice as contemplated hereunder.

I HAVE READ THIS WAIVER AND LIABILITY RELEASE. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT. I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AS OF THE DATE OF MY SIGNATURE BELOW, OR THAT I AM AUTHORIZED BY MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE ON THE AUTHORIZATION AND WAIVER BELOW.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Parent/Guardian Authorization and Waiver:**

This is to certify that I, as the parent/guardian of the above-named person, have the right and authority to sign this waiver and liability release on his/her behalf and do hereby consent and agree to his/her release of all Releasees as provided above. For myself, my heirs, assigns, personal representatives, executors, administrators, and next of kin, I HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from and against any and all liabilities incident to the above-named person’s use of the Equipment or participation in the Activities as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. I further grant to Charleston Tennis the right to act as guardian/spokesman in granting permission for emergency treatment or hospitalization (including anesthesia) if necessary for my child en route to, from, or at the site of the Facilities or hospital or other medical facilities. I understand that should a health emergency arise, an attempt will be made to notify me, but that if I cannot be reached promptly by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_