



Indianapolis Healthplex

Intro Racquetball Program:

Play-to-Learn Racquetball!!!



Healthplex's Play-to-Learn racquetball program is designed to be quick, active and fun way to introduce new players to the fast-paced sport of racquetball!!!

- **Short 5 Week Program**
- **September 9th thru October 7th**
- **Monday evenings 7:15-8:30PM**
- **Adults 18 & Over**
- **All equipment will be provided**
- **\$25.00 for members & \$40.00 for non-members**
- **BUY-ONE-GET-ONE! Signup with a friend!!!**
(*\$40.00 will be the cost if the a members BOGO is for a non-member)

Registration form is on the back. Fill-out and turn into the IHP service desk. For more program information contact Blake Crowther at 317-920-7400 (x. 1010) or bcrowther@indianapolishealthplex.com

Name_____

Address_____ City_____ State_____

Zip_____ Birthday____/____/____/ Male/Female (circle one) Date_____

Phone Numbers Contact #1_____ Contact #2_____

Emergency Contact #1_____ Contact #2_____

Email Address_____

Signature_____ Date Signed_____

1. Guests are subject to all policies and procedures of Indianapolis Healthplex here after known as IHP.
2. Guests who violate any IHP policy or are deemed by IHP to be acting in any manner that is unacceptable will be required to leave immediately without any refund of applicable guest fees or service fees.
3. Members bringing in guest who damage or remove any IHP property will be liable for all such damage or removal, whether intentional or not.
4. Guest fees cover a continuous one-day session. Once the guest leaves IHP, an additional fee will be required to re-enter.
5. Guests must provide proper photo identification (driver's license or state I.D.) upon each entry. Photo IDs will be returned upon exiting IHP.
6. IHP maintains the right to refuse admission to any guest for any reason. Individuals who have been guests at IHP more than three (3) times will be invited to join as a member unless he/she can show proof that they are not resident of Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby Counties or greater Indianapolis.
7. My Signature indicates authorization that my picture can/will be taken for admission into IHP

In consideration of being allowed to participate in any way in the IHP program, related events and activities, the signature acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death; and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and,
3. I willing agree to comply with stated and customary terms and conditions for participants. If I observe any unusual significant concern in my readiness or participation and/or in the program itself, I will remove myself from participating and bring such to the attention of the nearest official immediately; and
4. I, for myself and on the behalf of my/our heirs, assign person representative and next of kin, HEREBY RELEASE INDIANAPOLIS HEALTHPLEX, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owner and lessors of premises used to conduct the event ("Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OR THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assign personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participations in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.

AS SIGNED ACKNOWLEDGE ON THE FRONT OF THIS FORM I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH ANY INDUCEMENT.