

**Seattle Badminton Club, 10858 117th Pl NE, Kirkland WA, 98033 Tel: 425-889-5958**

**2020 SBC Summer Class Registration Form**

|  |  |  |
| --- | --- | --- |
| **Class** | **Time** | **Week** |
| **Bronze/Beginner Mon – Fri, AM** | **9:30am – 12:00pm** | **To** |
| **Bronze/Beginner Mon – Fri, PM** | **12:40pm – 3:10pm** | **to** |
| **Silver/Gold Mon – Fri, PM** | **12:50pm - 3:20pm** | **to** |
| **Platinum Mon – Fri, AM** | **9:40am - 12:10pm** | **to** |
| **Platinum Mon – Fri, PM** | **1:00pm – 3:30pm** | **to** |
| **Diamond Mon – Fri, AM** | **9:50am - 12:20pm** | **to** |
| **Diamond Mon – Fri, AM** | **10:00am – 12:30pm** | **to** |

**Fees:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Class** | **Weekly Schedule** | **Member Fee** | **Non-Member Fee** |
| **Diamond** | **2.5 hours x 5 days** | **$345.00** | **$405.00** |
| **Platinum** | **2.5 hours x 5 days** | **$240.00** | **$285.00** |
| **Silver/Gold** | **2.5 hours x 5 days** | **$225.00** | **$265.00** |
| **Bronze/Beginner** | **2.5 hours x 5 days** | **$180.00** | **$215.00** |
|  | | **Total Fee: $** | |

**Please bring non-marking athletic shoes (NO black soles) and drinks.**

**\* Minimum Class Size: (1) Diamond – 9 students, (2) Others – 4 students**

**\*Make-up class: No make-up class is allowed.**

**\*Cancellation Policy: Full refund will be issued if classes are cancelled before 24 hours prior to the first day of class. No refund will be issued after the first class. SBC will arrange make-up or issue refund/credit if classes are cancelled by SBC.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_ Birth month & year (MM/YYYY):\_\_\_\_\_ /\_\_\_\_\_\_\_\_ Gender (M/F): \_\_\_\_\_\_ Member (Y/N):\_\_\_\_\_\_\_\_**

**Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hold Harmless Agreement**  
Indemnification. In consideration for myself and/or my child being allowed to participate in the subject activity, for myself, my heirs and personal representatives, to the extent allowed by law, I hereby waive and release all claims for damages I or my child now or may hereafter have against Seattle Badminton Club and their agents for any injuries and damages suffered in connection with my or my child's participation. I further agree to defend, indemnify and hold harmless Seattle Badminton Club and their agents from all claims for injury or death, or for loss or damage to property, filed by anyone against Seattle Badminton and their agents which arises out of my or my child's participation, except for injury or damage caused by the sole negligence of Seattle Badminton Club and their agents. I, the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photos/video tapes taken, without recompense, during activities and used for publicity purposes.

**Assumption of the Risk and Hold Harmless Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. Federal and State authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Seattle Badminton Club, Inc. (SBC) has put in place preventative measures to reduce the spread of COVID-19. However, SBC cannot guarantee that I, my spouse, my child(ren), unborn child, guests, or relatives will not become infected with COVID-19. Further, attending SBC could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge of the contagious nature of COVID-19 and voluntarily assume the risk that I, my spouse, my child(ren), unborn child, guests, or relatives may be exposed to or infected by COVID-19 by attending SBC for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any on-site or off-site program affiliated with SBC and that such exposure or infection may result in to severe illness, personal injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SBC may result from the actions, omissions, or negligence of myself or others, including, but not limited to, SBC owners, officers, employees, volunteers, or agents.

I, on behalf of myself, my child(ren), my heirs, my assigns or successors, personal representatives or family, as well as estate, hereby waive, release, discharge, not to sue, hold harmless and indemnify Seattle Badminton Club, Inc., its owners, officers, employees, volunteers, or agents from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you been in close contact with a suspected or a confirmed case of COVID-19 in the past 7 days? | **€** | **€** |
| Are you experiencing a cough, shortness of breath, or sore throat? | **€** | **€** |
| Have you had a fever (temperature of 100.4F or higher) in the last 48 hours? | **€** | **€** |
| Have you had a loss of taste or smell? | **€** | **€** |
| Have you had vomiting or diarrhea in the last 24 hours? | **€** | **€** |
| Have you returned from highly impacted areas subject to a CDC Level 3 Travel Health Notice? | **€** | **€** |
| Have you had exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice? | **€** | **€** |

**I have read and understand the terms of this *Hold Harmless Agreement* and *Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement* and agree to its terms.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Parent Signature / Guardian Signature** |  | **Date** |