

**MEMBERSHIP FORM
CAMROSE PICKLEBALL CLUB**

(Please Print Clearly)

DATE: _____

MEMBERSHIP: New Renewal

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

Postal Code _____

(no postal box please - instead either civic or blue sign 911 address)

EMAIL: _____ (one unique address per member)

PHONE: _____

CELL: _____

Are you still in the workforce? Yes No

SKILL RATING (SELF) _____

SKILL RATING (TOURNAMENT): _____

ANNUAL MEMBERSHIP FEES

Expires April 30, 2019

Cash
 Cheque

\$25 - Adult
 \$12.50 - Youth (18 Yrs or Under)

REDUCED MEMBERSHIP FEES

Starting January 1, 2019

\$15 - Adult
\$10 - Youth

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK and INDEMNITY AGREEMENT

Please read carefully

I will abide by the rules and regulations imposed on the participants.

There are risks and hazards inherent in the very nature of the sport of Pickleball and that as a result of these risks and hazards, I as a participant, may suffer personal injury, even death, as well as property loss. I nevertheless freely and voluntarily assume the aforementioned risks and hazards and accordingly my participation shall be entirely at my own risk.

I waive any claim I may have against The Camrose Pickleball Club from my participation and agree to indemnify and hold harmless The organizers of the Camrose Pickleball Club, their officers, officials, agents, other participants and owners of the facility used to conduct the event for any claim DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE BY ALL PARTIES NAMED, OR ANY CLAIM FOR MEDICAL CLAIM FOR MEDICAL SERVICES ARISING FROM MY PARTICIPATION IN THE EVENT.

This RELEASE OF LIABILITY, WAIVER OF CLAIM, ASSUMPTION OF RISK and INDEMNITY is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

By signing this document, you will waive certain legal rights, including the right to sue.

ACKNOWLEDGEMENT - I agree to abide by the following:

- Camrose Pickleball Club - Bylaws
- Bullying & Violence Policy
- Code of Conduct Policy
- Scent-Free Policy

Name of Participant (Please Print)

Signature of Participant