

Amador Pickleball Club Membership and Waiver Form

Name: _____

Address: _____

City: _____ ZIP code _____

Phone Number: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Emergency contact Name: _____ Relationship: _____

Emergency Contact Phone#: _____ - _____ - _____ Your Email: _____

USAPA Rating/Current skill level 1-5 _____ Circle One: M / F Circle One: Singles/Doubles/Both

New Member _____ Renewal _____ **Fee Paid _____ Date _____

**** January 1 – June 30 = \$17.00 / July 1 – June 30 = \$35.00**

Waiver of Liability

NEITHER AMADOR PICKLEBALL CLUB, NOR ANY OF ITS DIRECTORS, OFFICERS, HOSTS, MEMBERS OR AGENTS IS RESPONSIBLE FOR ANY INJURY TO, OR ILLNESS OR LOSS OF OR DAMAGE TO PROPERTY OF, ANY PERSON IN CONNECTION WITH ANY PICKLEBALL EVENT, ACT OR ACTIVITY OF AMADOR PICKLEBALL CLUB, OR IN WHICH IT IS INVOLVED, FOR ANY REASON WHATSOEVER, INCLUDING BUT NOT LIMITED TO ORDINARY NEGLIGENCE ON THE PART OF AMADOR PICKLEBALL CLUB OR ANY OF ITS DIRECTORS, OFFICERS, SITE HOSTS, MEMBERS OR AGENTS.

IN CONSIDERATION OF MY INVOLVEMENT IN ONE OR MORE SUCH EVENTS, ACTS OR ACTIVITIES, I HEREBY FOREVER RELEASE AND DISCHARGE AMADOR PICKLEBALL CLUB AND EACH OF ITS DIRECTORS, OFFICERS, SITE HOSTS, MEMBERS AND AGENTS FROM ANY AND ALL PRESENT AND FUTURE LIABILITY, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTIONS WHATSOEVER RELATED TO NEGLIGENCE OR OTHER ACTS OR OMISSIONS BY OR ANY OF THEM, AND I COVENANT NOT TO SUE OR OTHERWISE MAKE CLAIM AGAINST ANY OF THEM, FOR PROPERTY DAMAGE OR LOSS, PERSONAL INJURY, ILLNESS, OR DEATH ARISING IN CONNECTION WITH MY INVOLVEMENT IN ANY SUCH EVENT, ACT OR ACTIVITY, OR ANY OTHER ACTIVITY, OR ACTIVITIES INCIDENTAL THERETO, WHEREVER, WHENEVER, OR HOWEVER THE SAME MAY OCCUR. FURTHER, I AM AWARE THAT COURT PLAY IS A VIGOROUS SPORTING ACTIVITY AND, AS SUCH, POSES A RISK OF SERIOUS INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE RISK INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL INHERENT RISKS OF PROPERTY DAMAGE OR LOSS, PERSONAL INJURY OR DEATH. I UNDERSTAND THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK ARE INTENDED TO BE AS BROAD AND AS INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF CALIFORNIA AND AGREE THAT (I) IF ANY PORTION IS HELD INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT, AND (II) IF ANY PORTION IS HELD TO BE OVERLY BROAD, IT SHALL BE NARROWED TO THE EXTENT NECESSARY TO CONTINUE IN FULL FORCE AND EFFECT. I FURTHER AGREE THAT THE VENUE OF ANY LEGAL PROCEEDINGS SHALL BE WITHIN AMADOR COUNTY, CALIFORNIA. THIS WAIVER, RELEASE AND ASSUMPTION OF RISK SHALL BE BINDING ON MY REPRESENTATIVES AND HEIRS AND SHALL INURE TO THE BENEFIT OF ANY SUCCESSOR ORGANIZATION TO THE AMADOR PICKLEBALL CLUB AND SUCCESSOR'S DIRECTORS, OFFICERS, SITE HOSTS, MEMBERS AND AGENTS AND TO THE REPRESENTATIVES AND HEIRS OF ITS AND ITS SUCCESSOR ORGANIZATION'S DIRECTORS, OFFICERS, HOSTS, MEMBERS AND AGENTS. I AFFIRM THAT I AM OF LEGAL AGE AND AM FREELY SIGNING THIS FORM. IF I AM SIGNING THIS AS THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, I CONSENT TO HIS OR HER INVOLVEMENT IN SUCH EVENTS, ACTS AND ACTIVITIES. I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT, BY SIGNING IT, I AM GIVING UP IMPORTANT LEGAL RIGHTS AND OR REMEDIES WHICH MAY OTHERWISE BE AVAILABLE TO ME FOR NEGLIGENT OR ANY OTHER ACTS OF AMADOR PICKLEBALL CLUB. OR ANY OTHER PERSON LISTED ABOVE.

Signature of Participant if 18 years or older

_____ Date _____

Signature of parent or legal guardian if participant is under 18 years of age

_____ Date _____

Make checks payable to APC. Mail to: 2132 Thomas Drive, Jackson, CA 95642