

 www.pickleballhamilton.com

 info@pickleballhamilton.com

 @PickleballHam

 www.facebook.com/PickleballHamilton

Summer Membership Application 2018

Name :	Phone # :
Address :	Email :
Emergency Contact Name :	Contact # :

Summer Membership Dues: \$60.00

Payment Options:

- **Cheque - Payable to Pickleball Hamilton**
- **Cash**

Signed Application can be mailed to 203 Country Club Dr., Hamilton, ON L8K 6A9 or emailed to jmorgan@pickleballhamilton.com

Pickleball Hamilton Association Waiver

In return for being allowed to participate in Pickleball Hamilton Association programming, I release and agree not to sue Pickleball Hamilton Association, and their employees, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my involvement in Pickleball Hamilton Association programming and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of Pickleball Hamilton Association programming, even if caused by their ordinary negligence. I certify that I am in good physical health, and may participate in strenuous and physically-demanding activities, including the pickleball activities offered by the Association. I also agree to indemnify and hold harmless those listed above for all claims arising out of my involvement in the Association and all related activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the province in which the Association is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Participant's Signature: _____ **Date :** _____