



Anthem AZ Pickleball Club (AAZPC) 2019 Membership Application

Member 1: _____ Member 2: _____

Email 1: _____ Email 2: _____

Phone 1: _____ Phone 2: _____

Mailing Address: _____

Other names for Family Membership _____

What community do you reside in? Parkside _____ ACC _____ Other _____

Mark your level(s) of play (Beginner, Intermediate, Advanced): Member 1 _____ Member 2 _____

Check here _____ if you do NOT want your name listed on the directory to be circulated to AAZPC members.

Check here _____ if you would like to volunteer for AAZPC activities.

2019 Annual Membership Dues - \$20 Per Individual or \$30 Per Family (living in same household) + Optional Nametag \$6.50 each tag (if you have not already ordered one)

Make Checks Payable to AAZPC and mail to Attn: Joan Boyll, 42204 N. Olympic Fields Court, Anthem, Arizona 85086

AAZPC Informed Consent, Release, and Waiver

As a Member of Anthem Arizona Pickleball Club (AAZPC), I understand and acknowledge that the activities of the AAZPC (Activities) involves known risks and unanticipated risks. These risks could result in injury, illness or disease, mental or physical damage, or death, damage to me, and to my property. Therefore, I declare as follows:

1. I understand that each member (myself included) has a different capacity for participating in the Activities. I assume full responsibility for choosing to participate in the Activities, determining how I participate and applying any information or instruction received.
2. I understand that participating in the Activities involves health and other risks, including economic loss, disabilities or death, and I willfully and voluntarily assume those risks for myself.
3. I accept the personal responsibility to always act in the safest and most prudent manner and to abide by the rules of the AAZPC whenever participating in the AAZPC's Activities.
4. I understand that I am responsible for obtaining any insurance coverage I may desire when participating in the Activities and that the AAZPC will NOT provide me with any insurance coverage.
5. I acknowledge that I should obtain my doctor's approval before participating in the Activities. I also acknowledge that I should have an annual or more frequent physical examination and to review with my doctor the degree of physical activities that I am capable of undertaking. I understand that my decision to participate in the Activities is between my doctor and me. I further understand that the AAZPC does not have the resources to review, and is not responsible for reviewing my decision to participate in the Activities. I acknowledge that I have elected to participate in the Activities with or without the approval of my doctor, and hereby assume all risk and responsibility for my participation in the Activities.
6. By signing this document, I acknowledge that I have voluntarily chosen to participate in the AAZPC's Activities. I assume all responsibility for my health and the risks set forth above and on behalf of my heirs, beneficiaries, dependents, and personal representatives, I release and hold harmless any & all representative of the AAZPC with respect to my participation in the Activities.

I am freely and voluntarily executing this informed Consent, Release, and Waiver. I acknowledge that I have read it. I understand it and agree to be bound by my declarations contained herein.

Member1 Signature

Member 2 Signature

Date

Received by: _____ Amt: _____ Check: _____ Cash: _____