

**Trilogy at Power Ranch Pickleball Club  
Membership Application**

(Please print CLEARLY)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Trilogy Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Full Time Resident : \_\_\_\_\_ (Y/N)

**ANNUAL DUES: \$20.00/PERSON Membership through Last Day of Year.**

Please make **check** payable to TRILOGY at POWER RANCH

(First year membership if joining after 10/1 – extends to end of following year)

**Contact Info: Visit our website @ [www.tprpickleball.com](http://www.tprpickleball.com) or club section of Mytpr.com**

**AGREEMENT, RELEASE AND WAIVER OF LIABILITY**

I recognize and understand that there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity in which I have agreed to participate. I understand and agree that Trilogy at Power Ranch Pickleball Club and Trilogy at Power Ranch Community Association, their agents and officials assume no responsibility for injury or illness I may sustain as a result of my physical condition or my participation in any Trilogy at Power Ranch Pickleball Club event. I understand it is my responsibility to provide my own accident and health coverage and that Trilogy at Power Ranch Pickleball Club and Trilogy at Power Ranch Community Association, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the Trilogy at Power Ranch Pickleball Club to use or distribute, without limitation or obligation, any record of the events which may include my voice or image. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless Trilogy at Power Ranch Pickleball Club and Trilogy at Power Ranch Community Association, their agents and officials from any manner of claims or lawsuits that my result from my participation in this sport.

I/we \_\_\_\_\_ (DO/DO NOT) authorize the Trilogy at Power Ranch Pickleball Club to share my E-mail and phone number with other members of the Pickleball Club exclusively for use for club activities.

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Club Use Only:

Received \$ \_\_\_\_\_ for membership dues. Check # \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Roster \_\_\_\_\_ GM \_\_\_\_\_ CC \_\_\_\_\_ TIH \_\_\_\_\_