



Auburn Pickleball Club

Effective January 1, 2022

IMPORTANT INFORMATION The Auburn Pickleball Club (APC) strives to conduct its activities in a safe manner and holds the safety of members in the highest regard. Members of the club must recognize, however, that there is an inherent risk of injury when choosing to play pickleball. The Auburn Pickleball Club continually strives to reduce such risks and insists that all members follow safety rules and instructions which have been designed to protect the member's safety. Please recognize that the Auburn Pickleball Club does not carry medical accident insurance for injuries sustained for any of its activities or at any pickleball court. Therefore, each person registering themselves or a family member/ward should review their own insurance policy for coverage. Due to the difficulty and high cost of obtaining liability insurance, the Auburn Pickleball Club requires the execution of the following liability Waiver and Release.

WAIVER AND RELEASE OF ALL CLAIMS Please read this form carefully and be aware that in registering yourself or a family member/ward for membership in the Auburn Pickleball Club you will be waiving and releasing all claims for injuries, damages, or loss you might sustain through participation in the Auburn Pickleball Club.

Printed Member's Name (Must be at least 18 years old) _____

Email Address _____ Phone Number _____

Emergency Contact _____ Phone Number _____

As a member in the Auburn Pickleball Club, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my family member/ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the club. I do hereby fully waive, release, and discharge the Auburn Pickleball Club, its officers, agents, servants, representatives, and program board members from any and all claims for injuries, damages, or loss which I or my family member/ward may sustain, or which may accrue to me or my family member/ward arising out of, connected with, or in any way associated with the club. I further agree to indemnify, hold harmless, and defend the Auburn Pickleball Club, its officials, agents, servants, representative, and program board members from any and all claims for injuries, damages, or loss sustained by me or my family member/ward arising out of, connected with, or in any way associated with the activities of the club. In the event of any emergency, I authorize program members to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS, AND PERMISSION TO SECURE TREATMENT.

Member's Signature _____ Date _____

Membership Type: New ☐ Renewal ☐ Dues Paid ☐ \$20/year (make checks payable to APC)

Family members/wards under 18 years old are included free with a paid adult membership.

Give this signed form and check or cash to an APC Board Member at Samford Courts, or
mail to Lindsay Petty, APC Treasurer, 2002 St. Patrick Court, Auburn, 36830

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Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_ Type: Check/Cash Amount: \$ \_\_\_\_\_