



REGISTRATION AND LIABILITY WAIVER FORM

Pickleball

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birth Date: _____ Sex: ___ F ___ M

Email Address: _____

Paid annual amount \$20.00 (City Resident)/ \$30 (All Others) Date: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: _____ Relation: _____

Doctor: _____ Phone: _____

LIABILITY WAIVER:

I am voluntarily participating in the pickleball program and do hereby release, absolve, indemnify and hold harmless the City of Shelby, Shelby Parks & Recreation Department, its employees and agents along with the program site facility from all accident and/or liability claims resulting from injury or death while participating in the pickleball program.

In case of injury or damage of any type whatsoever to myself, or that I may suffer, I hereby waive any and all claims, damages and/or rights of action against the entities listed above while participating in the program.

I, the undersigned, release and understand all the terms of this agreement and execute it voluntarily and with full knowledge of its significance.

Signature: _____ Date: _____

Minors must have parental/ guardian consent and signature.

Parental/ Guardian: _____ Date: _____

September 1, 2017