



OMPC Club Dues and Waiver



NAME _____ DATE _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ TELEPHONE _____
ANNUAL MEMBER DUES \$15.00 CASH _____ CHECK _____ ELECTRONIC _____

NOTE: Membership is annual and expires on 12/31. You must renew each year.

BY signing I understand that no medical insurance is provided by Organ Mountains Pickleball Club (OMPC) and I agree to assume all risk of injury related to my participation Or the participation of my dependents. I understand that there are inherent risks to which I may be exposed because of the level of activity in Pickleball. I agree to make no claims against OMPC nor any of its organizers or volunteers for any injury or incident arising from this activity. I declare that I am physically able to participate in Pickleball. If I consent to any medical treatment while involved in this activity, I agree to pay for it. I further understand that OMPC is not responsible for any lost or stolen article.

SIGNATURE _____ DATE _____