

# REACH

**Rockport/Fulton Encouraging Activity and Community Health**

## **RELEASE FORM**

**MEMBERSHIP, STUDENTS, TOURNAMENT PLAY, ETC.**

I hereby release and discharge REACH (Rockport/Fulton Encouraging Activity and Community Health), also known as Rockport Pickleball Association, and their officers from any and all actions, cause of action, claims and demands, for upon, or by reason of damage loss, personal injury or death which may be a result from or in conjunction with any participation of any nature in any of the REACH activities. I understand that this release is binding upon me, my assigns, my personal representatives and heirs.

**Printed Name:** Last \_\_\_\_\_, First \_\_\_\_\_, Middle Initial \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(If under 18 years of age, Guardian/Parent must sign also)**

Printed name of person under 18 years of age:

Last \_\_\_\_\_, First \_\_\_\_\_, Middle Initial \_\_\_\_\_

**Printed Name of Guardian/Parent:**

Last \_\_\_\_\_, First \_\_\_\_\_, Middle Initial \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact:**

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