

# Opelika-Auburn Pickleball Club Membership Application

## Date \*



Month Day Year

## Name \*

First Name Last Name

## Email \*

example@example.com

## Address \*

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

## Phone Number \*

Area Code Phone Number

## Birthdate \*



Month Day Year

# Emergency Contact

## Name \*

First Name      Last Name

## Phone Number \*

Area Code    Phone Number

## Participant Liability Release Agreement

(Must be at least 18 years old)

I hereby certify that I am at least 18 years old and in making application to participate in sports programs and the recreation facilities ("the "Programs") made available by the Opelika-Auburn Pickleball Club ("OAPC"), I hereby certify to the truth and correctness of all data provided in this application.

I hereby:

- understand that participation in the Programs is contingent, among other things, upon my submission of this completed signed Participant Liability Release Form;
- release, waive and forever discharge and indemnify and hold harmless from any and all claims or causes of action, included but not limited to death, personal injury or loss or damage of property which I, or any of my representatives, heirs, next of kin or assignees (my Representatives) may have or which may hereafter accrue as a result in the participation in the programs or otherwise and which may be asserted by me or my Representatives against OAPC, the City of Opelika, the City of Auburn, and each of their respective officers, officials, employees, board members, elected officials, agents, representatives, successors and/or assigns (collectively the "Released Entities"), whether caused by acts, omissions, or negligence of the Released Entities or by any other person or entity, and I acknowledge that the primary purpose of this Agreement is to relieve the Released Entities from any and all liability or exposure to liability regardless of the nature and regardless of the causation;
- grant permission for the OAPC to take and publish photographs and videos of me during activities and programs sponsored by the OAPC
- acknowledge that the Released Entities are relying on the release, indemnify and grant of rights contained herein.

By submitting this registration form in person, mail or electronically and payment of club fees, I hereby agree

to and accept this "Participant Liability Release Agreement."

Payment Information:

CASH \_\_\_\_\_

CHECK \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

Make Check payable to OAPC.

Mail to :Opelika-Auburn Pickleball Club  
1083 Briar Cliff Lane  
Auburn, AL 36830

**Signature**

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