

## **Bullhead Pickleball Club**

## Membership Application/Renewal January 1, 2024 to December 31, 2024

Renewing Member	New Member_		
Check membership type	Individual \$25.00	Couple \$40.00	
Add \$10.00 to the "couple member. 18 years old or y	_		
Last Name	First Name		
Birthday	Anniversary		
BHC Address		Zip	
Home Address		Zip	
Email Address	Cell P	Cell Phone	
For Couples & Families: I your spouse and/or family		resses and birthdays of	
<b>Emergency Contact</b>		Cell Phone	

## Agreement, Release & Waiver of Liability:

I recognize and understand that there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity which I have agreed to participate. I understand and agree that Bullhead Pickleball Club (BHPC), their agents and officials assume

no responsibility for injury or illness that I, or any additional family member, may sustain as a result of my physical condition or our participation in any BHPC events. I understand it is my responsibility to provide my own accident and health insurance coverage and that BHPC, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the BHPC to use and distribute, without limitation or obligation, any record of events which may include my voice or image. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless the BHPC, their agents, and officials from any manner of claims and lawsuits that may result from my participation, or the participation of any additional family members, in this sport.

Signature	Date
Signature	Date
Make checks payable to Bullhead Pickleball Club	Total Enclosed \$
Return this form with dues payment to:	
BPC Membership Application	
P O Box 20023	

Bullhead City, AZ 86439