

# Bismarck Mandan Pickleball Club Registration Form



FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Please sign that you have read the terms below:

\*Sign here: \_\_\_\_\_

Please send \$20 and form to:

Julie Beck

4600 W Roundup Rd

Bismarck, ND 58503

You can also register online at [BismarckMandanPickleball.com](http://BismarckMandanPickleball.com)

**\*WAIVER:** By signing above, I understand that no medical insurance is provided by the Bismarck Mandan Pickleball Club and I agree to assume the 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 of pickleball. I agree to make no claims against the BMPC or any of its organizers or volunteers for any injury or incident arising from this activity and that I am physically able to participate in this activity (pickleball). If I consent to any medical treatment while involved in this activity, I agree to pay for it. I also understand that the BMPC is not responsible for any lost or stolen articles. I also grant permission and consent to the BMPC for the use of any photo(s) or video(s) of myself for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustrations, advertising and web content. I understand that no royalty, fee, payment, or other compensation shall be payable to me by reason of such use.