



 www.pickleballhamilton.com
 info@pickleballhamilton.com
 PickleballHam
 www.facebook.com/PickleballHam

Summer 2020 Membership/Drop-In Form

Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

WhatsApp is available to members to coordinate bookings. If you would like to be included, please provide: **Cell phone #:** _____

Pickleball Hamilton Association Waiver

PLEASE READ CAREFULLY

In return for being allowed to participate in Pickleball Hamilton Association programming, I release and agree not to sue Pickleball Hamilton Association, and their employees, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my involvement in Pickleball Hamilton Association programming and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. **I understand and agree that those listed above are not responsible for any injury players may suffer due to contracting COVID-19 including sickness, or death, as a result of attending or using the Club facilities.** I certify that I am in good physical health and may participate in strenuous and physically-demanding activities, including the pickleball activities offered by the Association. I also agree to indemnify and hold harmless those listed above for all claims arising out of my involvement in the Association and all related activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of Ontario and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

By signing this form, I acknowledge that I am playing at my own risk and have read and will abide by Pickleball Hamilton Play Rules. I acknowledge that not adhering to any of the rules may result in disciplinary action imposed by the Pickleball Hamilton Board.

By signing this form, I am allowing Pickleball Hamilton permission to contact me via email/phone regarding updates and news related to the operation of Pickleball Hamilton.

Participant's Signature: _____ **Date:** _____

If a player is 14-18 years of age, a written consent from a parent/guardian is required authorizing them to participate in Pickleball Hamilton this season. Please note: the minor must always be accompanied by an adult member.

Completed and signed form along with e-transfer for summer membership fee can be emailed to jkawamoto@pickleballhamilton.com.