



PARK RAPIDS PICKLEBALL CLUB MEMBERSHIP & WAIVER 3/2025

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ CELL # _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

Membership: ☐ \$30 Membership ☐ \$50 Couples Membership Paid: _____

☐ Returning Member OR ☐ NEW Member, please add me to e-mail list

Please see our website for Sign-ups for Ladders, Lessons and Events www.prpickleballclub.com

WAIVER OF LIABILITY AND ASSUMPTION OF RESPONSIBILITY

*Print Name _____ (the participant) hereby desires to participate in Pickleball events with the Park Rapids Pickleball Club (PRPC). Wishing to participate in the Activity referenced above and knowing there are certain dangers related to this activity, I hereby state and affirm that:

1. My PARTICIPATION is voluntary. I know and am aware of all dangers associated with my participation in this Activity and acknowledge that the PRPC is only administering the registration portion of the Activity.
2. I understand and agree that neither the PRPC or any person acting on the behalf of the PRPC, may be liable in any way for any event which occurs in connection with the Activity, which may result in harm, death, injury or other damage to me.
3. I understand that the PRPC is not required to supervise the Activity.
4. In consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby release and hold harmless the PRPC and any person acting on behalf of the PRPC in this Activity from any liability for harm, death, injury or other damage which may befall me during this Activity, whether foreseen or unforeseen, however caused and whether or not caused by the negligence of the PRPC or any person acting on behalf of the PRPC.
5. The terms of this agreement shall serve as a release and assumption of risk for my heirs, executor, administrator and all members of my family. I further state that I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act.
6. By signing this waiver, I hereby release the PRPC to include my name, email and/or telephone number on a roster to be distributed to other registered players.
7. The PRPC is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the PRPC is requesting and you may refuse to provide some or all of the information requested. However, the PRPC may not be able to enroll you in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to PRPC Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.

Participant Signature _____ Date _____

Mail to: Jeff Pantze, 35701 NW Angle Ln, Park Rapids, MN 56470