

**MEMBERSHIP REGISTRATION – ANNUAL**

**START DATE** \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

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**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, Prov** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

I recognize and understand that there are certain inherent risks to which I will be exposed because of the nature and level of the Pickleball sports activity in which I have agreed to participate. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless:

- a) West Kelowna Pickleball Club, their Council Members and other Members of the Club, agents, coaches, instructors and, if applicable, sponsoring agencies, sponsors and advertisers, used to conduct any and all West Kelowna Pickleball Club activities; and
- b) The City of West Kelowna and its officers, employees, agents and representatives including any claims which allege negligent acts or omissions of the city of West Kelowna;

from any manner of claims or lawsuits that may result from my participation in this sport.

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**You agree to the above Membership Registration, Release and Waiver of Liability**

**Yes** \_\_\_ **No** \_\_\_ **Signature** \_\_\_\_\_

**Name (print)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Membership #** \_\_\_\_\_

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**Membership Registration Fee:**

**Cash** \_\_\_\_\_ **Date** \_\_\_\_\_

**Cheque** \_\_\_\_\_ **Date** \_\_\_\_\_

*(Cheque payable to WPKC)*