

Key West Pickleball Club Membership Application and Waiver

Name: _____

Address: _____

Phone: _____ Email: _____

Monroe County Residency: Full Time Resident Part Time Resident Visitor

Annual Dues **\$25** for individual; **\$40** for couples- Membership through **12/31/2017**

Member under 16 - **\$10**; Families of 3 or more **\$50** (#s: _____)

All members must sign a waiver.

Please make membership check payable to: **Key West Pickleball Club**

Adding a tax deductible contribution of \$ _____ for the KW Pickleball Building Fund
(Please make separate contribution check payable to Friends of Higgs Beach and include reference to "Key West Pickleball Building Fund" on the check. A tax receipt will be sent.)

Application and check(s) can be dropped off with a KWPC officer at the courts or mailed to:

Caroline Bauer VP/Membership, 22 Allamanda Ave, Key West, FL 33040

or Janice Hilliard Treasurer, 1200 4th St, #559, Key West, FL 33040

PLEASE CHECK THE BOXES THAT APPLY:

Current Level of Pickleball Play: Accomplished Intermediate Beginner

I will consider participating on a Pickleball Club committee: Yes (*we will contact you about it*)

It is okay to include my contact information in the KWPC membership roster: Yes

Questions? Contact KWPC VP Caroline Bauer at 305-731-3926 or cbauer.re@bellsouth.net

Or website: KeyWestPickleball.org Facebook: facebook.com/KeyWestPickleball

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

I recognize and understand there are certain inherent risks to which I will be exposed because of the nature and level of the sports activity in which I have agreed to participate. I understand and agree that Key West Pickleball Club and Monroe County, their agents and officials assume no responsibility for injury or illness I may sustain as a result of my physical condition or my participation in any Key West Pickleball Club and Monroe County event. I understand that it is my responsibility to provide my own accident and health coverage and that Key West Pickleball Club and Monroe County, their agents or officials do not provide any accident or health insurance for their participants and volunteers. I also give Key West Pickleball Club and Monroe County permission to use or distribute, without limitation or obligation, any record of the 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 Key West Pickleball Club and Monroe County, their agents or officials from any manner of claims or lawsuits that may result from my participation in this sport.

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

Admin: Dues Paid: \$ _____ Paid Through _____ Check # _____ or Cash On Member List: _____ On Email List: _____