

Palo Alto Pickleball Club 2024 Membership Application

Membership is for a calendar year. **Your dues cover membership now through the end of 2024.**

- Annual Membership Rates for **Palo Alto and East Palo Alto Residents**
 - \$ 30 1 Adult plus Youths in household ≤ 18
 - \$ 60 2 Adults plus Youths in household ≤ 18
- Annual Membership Rates for members who live **outside of Palo Alto or East Palo Alto**
 - \$ 50 1 Adult
 - \$100 1 or 2 Adults plus Youths in household ≤ 18

Enclosed \$_____ Cash or check payable to *Palo Alto Pickleball Club*

Adult #1 _____ Email _____ Phone _____

Adult #2 _____ Email _____ Phone _____

Childrens' Names (with ages) _____

Postal Address _____

Emergency Contact: _____ Phone: _____

Waiver and Release: In consideration of participation in a class, clinic, or activity offered by the Palo Alto Pickleball Club I, the below signed, agree to indemnify and hold the Palo Alto Pickleball Club harmless and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the Palo Alto Pickleball Club, its officers, agents, members, and volunteers for any liability arising out of or connected in any way with my participation in this class, clinic, or activity (defined as the playing of and/or watching pickleball), even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. Among other things, I acknowledge that there is no guarantee that the courts, equipment, and playing surfaces are maintained to any particular standard, and that it is solely my responsibility to ensure that the courts, equipment, and playing surfaces are safe and not likely to cause me any injury or damage. Further, I understand that the Palo Alto Pickleball Club, its officers, agents, members, and volunteers, are not responsible for the personal property of the participants in the class, clinic, or activity. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns.

In addition, I give permission to the Palo Alto Pickleball Club to use my or my child's photograph or likeness for promotional use in any Palo Alto Pickleball Club related media. **Your signature is required and indicates you have read and understand the waiver of liability.**

Signature Adult #1: _____ Date: _____

Signature Adult #2: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Scan/photo the form and email to papc.membership@gmail.com; we will respond with instructions on how to pay using PayPal, cash, or check.