

# Pickleball Registration Form



## Your Details

First Name:		Surname:	
Address:		Medical Conditions:	
Email:		Mobile:	
Emergency Contact Name:		Emergency Contact Mobile:	

## Details of your family members who play pickleball

Full Name:		Medical Conditions:	
Full Name:		Medical Conditions:	
Full Name:		Medical Conditions:	
Full Name:		Medical Conditions:	

## Acknowledgement

**1. I acknowledge:**

Participation in pickleball playing activities involves potentially vigorous physical exercise. I have been advised to consider my and my family members' state of health for the purposes of participating in the activities, having regard particularly to my and my family members' age, health history, weight and general physical fitness and condition; there is a risk of death, illness and injury inherent in participating in these pickleball playing activities and I accept the whole of that risk.

**2. I acknowledge:**

Power Pickleball staff are not medically trained and therefore not qualified to assess whether I or my family members are in good physical condition and/or whether I or my family members can engage in active or passive exercise without detriment to our health or physical condition.

**3. I unconditionally:**

Release Power Pickleball from any liability, claim cost or expense arising out of the risks referred to in paragraph 1 above.

**4. I give permission:**

For myself and my family members who play pickleball to be photographed or videoed while participating in pickleball activities. I consent to these photos or videos being used for publicity purposes such as website and social media promotion. I also give permission to Power Pickleball to send me emails and SMS regarding pickleball promotions. All personal information will remain confidential.

**5. I acknowledge:**

No refund is given for missed sessions that have not been cancelled within 2 hours of the session start time. In the case of injury or wet weather causing a session to finish early, no refund will be given.

Signature:

*Signature of the Person Submitting this Form*

Name:

*Name of the Person Submitting this Form (print)*

Date of Signature