

Owatonna Pickleball Association

MEMBERSHIP APPLICATION FORM



APPLICANT INFORMATION

Last name First name M.I. Date

House number / street, City, State, ZIP

Cell phone Home phone Email address

Birth month Birth year

EMERGENCY CONTACT

Name Relationship Contact number

PAYMENT INFORMATION — \$20 ANNUAL FEE

Complete this form and send with check to OPA, PO Box 81, Owatonna, MN 55060, or bring form and payment to morning open play at West Hills Tennis & Pickleball Center, 502 Dunnell Drive, Owatonna, MN 55060.

☐ Paid online by credit card ☐ Paid by check ☐ Paid by cash

WAIVER, RELEASE, ASSUMPTION OF RISK, PERMISSION & INDEMNITY AGREEMENT

In consideration of being permitted to participate in any Owatonna Pickleball Association ("OPA") events, activities, open play, or scheduled play (collectively, the "Activities"), I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and covenant not to sue OPA, its officers, directors, agents, volunteers, event and tournament organizers, and the owners and operators of any facility or premises where the Activities take place (collectively, the "Released Parties") from any and all claims, demands, losses, or damages resulting in personal injury, accident, or illness (including communicable disease and death) and property loss arising from, but not limited to, my participation in the Activities, to the fullest extent permitted by law.

I understand and acknowledge that OPA does not own, operate, control, or maintain the courts, facilities, or premises where the Activities are held, and that OPA is not responsible for inspecting, supervising, or ensuring the safety or condition of those facilities. I assume all risks associated with the condition of any playing surface, facility, or premises used for the Activities.

Participation in the Activities carries certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. These risks vary but include: (1) minor injuries such as bruises, sprains, and dehydration; (2) major injuries such as eye injuries, joint or back injuries, heat stroke, heart attack, and concussion; and (3) catastrophic injuries such as paralysis and death. Risks also arise from court and surface conditions, weather, equipment, and the conduct of other participants.

I have read the preceding paragraphs and I know, understand, and appreciate these and other risks inherent in playing pickleball. I represent that I am physically fit to participate and have no medical condition that would prevent my safe participation. I assert that my participation is voluntary and that I knowingly assume all such risks.

I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, actions, suits, costs, expenses, damages, and liabilities, including attorney's fees, brought as a result of my involvement in the Activities. In the event of injury or illness, I authorize OPA to arrange emergency medical treatment on my behalf, and I agree that I am solely responsible for the costs of any such treatment.

I grant OPA permission to use photographs, video, or other recordings of me taken during the Activities for OPA's promotional and informational purposes, without compensation.

☐ Check here if you do NOT want OPA to use your photo or likeness.

This Agreement shall be governed by the laws of the State of Minnesota. If any portion of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. If the applicant is under 18 years of age, the parent or legal guardian signing below agrees to all terms of this Agreement on the minor's behalf and on their own behalf, and additionally releases and indemnifies the Released Parties for any claim brought by or on behalf of the minor.

By signing below, I certify that the information I entered is true and correct to the best of my knowledge, and that I have read, understand, and agree to the Waiver, Release, Assumption of Risk, Permission and Indemnity Agreement set out above.

Signature of applicant

Signature of parent / guardian (if applicant is under 18)

Date