



Membership Application Form

Applicant Information

Full Name _____ Date _____
Last First M.I.

Address _____
House Number/Street City State Zip Code

Contact Information _____
Cell Phone Number Home Phone Number Email Address

Birthday _____
Month Year

Emergency Contact Information

Emergency Contact _____
Name Relationship Contact Number

Payment Information (\$25 Annual Membership Fee)

Directions: Complete this form and pay online with a credit card, mail form and payment to OPA, PO Box 81, Owatonna, MN 55060 or bring form and payment to the Christian Family Church, 2300 Heritage Place NW, Owatonna, MN 55060.

Paid Online by Credit Card Paid by Check Paid by Cash

Applicant's Waiver Release, Permission, and Indemnity Agreement

In consideration of being permitted to participate in any Owatonna Pickleball Association (OPA) Events or Scheduled Play, I for myself, my heirs or assigns, hereby release, waive, discharge and covenant not to sue OPA, its officers, agents, or tournament/event organizers from liability from any and all claims resulting in personal injuries, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in the Event.

Participation in OPA Events and Scheduled Play carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific 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 attacks, and concussions, and 3) catastrophic injuries such as paralysis and death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in playing pickleball. I assert that my participation is voluntary and that I knowingly assume all such risks. I also agree to indemnify and hold the OPA and all named above harmless from any and all claims, actions, suits, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in OPA Events and Scheduled Play.

Signature

By signing below, I hereby certify that the information that I entered is true and correct to the best of my knowledge and that I agree to the terms of the Applicant's Waiver Release, Permission, and Indemnity Agreement.

Signature of Applicant

Date