



DROP-IN WAIVER FORM

NAME: (Please PRINT Clearly) _____

ADDRESS: _____

PHONE #: _____

AGREEMENT, RELEASE & WAIVER OF LIABILITY

I recognize and understand that 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. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless CPC, its directors, agents, coaches, instructors and other members of the association, sponsoring agencies, sponsors, advertisers and, if applicable, owners and leaser of premises used to conduct the event, from any manner of claims or lawsuits that may result from my participation in this sport.

I agree to play under the guidelines and rules of the International Federation of Pickleball. As a drop-in member to the CPC, I agree to conduct myself in a courteous and respectful manner, following CPC's Code of Conduct.

Regular scheduled CPC court play is open to players 19 years and older.

SIGNATURE:

DATE:

For future drop-in play throughout the season, fill out the envelope only with payment.

CPC Member Witness: _____

Print Name

Signature