

**WBA APPLICATION FOR PICKLEBALL MEMBERSHIP**

NAME \_\_\_\_\_

VILLAGE ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

*You must be a current resident of the village and pay the membership fee of \$20. Pay by check, place in envelope label both to WBVPB Club and turn in at Vistas Rec. Center Desk*

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**RELEASE AND INDEMNIFICATION WAIVER FOR PARTICIPANTS**

JANUARY 1, 2017 TO DECEMBER 31, 2017

CLUB – WVA Pickleball Club

ACTIVITY – Playing Pickleball

I, as the Participant, am eighteen years of age or older and wish to participate in the Activity listed above on property owned by Westbrook Village Association (“Property”). I realize the nature of the Activity and the equipment used in conjunction with the Activity may expose me to hazards or risks that may include minor injuries, broken or sprained limbs, overexertion, heat exhaustion, along with other, more serious injuries, including hospitalization and death. I understand and appreciate the nature of the specific hazards and risks associated with the Activity. In consideration of my participation in the Activity, I hereby accept all risk to my health or property and release Westbrook Village Association, its directors, officers, agents, employees, or independent contractors (collectively, the "Association") from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including death, that may result from or occur during participation in the Activity, whether caused by negligence of the Association or otherwise. I further agree that if any litigation or claim results arising out of, pertaining to, or in relation to my participation in the Activity and the Association is named a party or joined as a party to such litigation or claim, I agree to hold them harmless, defend and indemnify them in regard to any judgment entered against them and in regard to their litigation expenses, including but not limited to reasonable attorneys’ fees, costs and out-of-pocket expenses.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR INJURY OR DEATH OF MYSELF OR DAMAGE TO MY PROPERTY THAT OCCURS AS A RESULT OF PARTICIPATING IN THE ABOVE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY AND HOLD HARMLESS THE ASSOCIATION IF IT IS NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY ARISING OUT OF, PERTAINING TO, OR IN RELATION TO MY PARTICIPATION IN THE ACTIVITY. I FURTHER UNDERSTAND THAT THIS AGREEMENT SHALL BE VALID IN REGARDS TO MY PARTICIPATION IN THE ABOVE DESCRIBED ACTIVITY FOR A PERIOD OF ONE (1) YEAR FROM THE DATE LISTED BY MY SIGNATURE BELOW.

*Signature*

*Printed signature*

*Date*

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