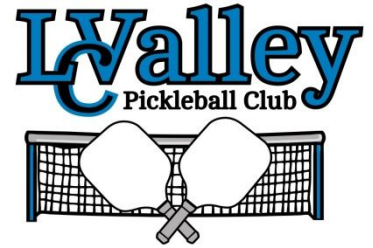


LC VALLEY PICKLEBALL CLUB MEMBERSHIP FORM



Our goal is to enhance the health and welfare of the general public by encouraging, organizing, and promoting participation in the sport of Pickleball within the City of Lewiston, Idaho and the surrounding region.

Last Name: _____ First Name: _____

(PLEASE PRINT)

Mailing Address: _____

City/State/Zip: _____

Email Address: _____ Phone: _____

Check this box if you do not want to receive club emails.

Emergency Contact Name: _____ Phone: _____

**** Please provide any updates above, as needed, to the membership committee****

Annual dues are \$30.00 per person per fiscal year,
January 1 to December 31 and will not be prorated for a partial year.
(We gladly accept and appreciate donations at any time.)

Dues Amount Enclosed: \$ _____

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. I understand and agree that the LCVPC, their agents and officials assume no responsibility for injury or illness that I, or any additional family members, may sustain as a result of my physical condition or our participation in any LCVPC events. I understand it is my responsibility to provide my own accident and health insurance coverage and that LCVPC, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the LCVPC to use or distribute, without limitation or obligation, any record of events which may include my voice or image. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless the LCVPC, their agents, and officials from any manner of claims or lawsuits that may result from my participation, or the participation of any additional family members, in this sport. This Agreement, Release & Waiver of Liability remains in effect as long as I remain a member in good standing.

Signature _____ Date _____

Mail or hand submit the form and payment to the LC Valley Pickleball Club c/o: Toni Kraut
3418 12th Street C Lewiston, ID 83501
