



2018 Lake Havasu City Pickleball Association (LHCPBA)



Membership Application/Renewal

Valid January 1, 2018 to December 31, 2018

Make checks (U.S. Bank) payable to: LHCPBA

Check membership: \_\_\_\$25.00 Individual, \_\_\_\$40.00 Couple, \_\_\_\$45.00 Family

Give form to any board member or mail to: LHCPBA, PO Box 192, LHC, AZ 86405

Renewing members: Update only what's changed. Please print:

(Last Name) (First Name)

(LHC Address) (City) (State) (Zip)

(Home Address) (City) (State) (Zip)

(Email Address) Cell Phone Home Phone

Emergency Contact: Phone No:

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 LHCPBA, their agents and officials assume no responsibility for injury or illness that I may sustain as a result of my physical condition or my participation in any LHCPBA events. I understand it is my responsibility to provide my own accident and health insurance coverage and that LHCPBA, their agents and officials, do not provide any accident or health insurance for their participants or volunteers. I also give permission for the LHCPBA 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 LHCPBA, their agents, and officials from any manner of claims or lawsuits that may result from my participation in this sport.

Signature: Date:

Additional Member: (Name/Signature)

Additional Member: (Name/Signature)

Total Enclosed:

For more info go to: LakeHavasuPickleball.com