

MEMBERSHIP APPLICATION AND RELEASE OF LIABILITY
SUN CITY PALM DESERT PICKLEBALL CLUB

In signing and submitting this application along with the membership fee, I/we acknowledge and agree to the following:

- 1) **I/WE AM/ARE AWARE THAT ENGAGING IN PICKLEBALL CAN BE A HAZARDOUS RECREATIONAL ACTIVITY INVOLVING NUMEROUS RISKS OF INJURY, INCLUDING BUT NOT LIMITED TO FALLS, LOSS OF CONTROL, COLLISIONS WITH OTHER PEOPLE AND THINGS, AND/OR DEATH, AND I/WE FREELY ASSUME THOSE RISKS.**
- 2) The Sun City Palm Desert California Association (SCPDCA), ITS BOARD OF DIRECTORS, It's general manager, employees, the SCPDCA PB Club, it's agents, volunteers or mentors are, to the best of their abilities, providing the facilities and any coaching for the safe enjoyment of pickleball.
- 3) It is my/our responsibility to determine when and under which circumstances it is unsafe for me/us to use the PB facilities and/or participate in any activities sponsored by the SCPDCA PB Club.
- 4) I/we, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify, defend, and hold harmless the Association, its Board of Directors, General Manager, employees, and the SCPDCA PB Club and anyone affiliated with the Club from any and all claims, asserted or established, for damages or injuries to me/us, that arise out of or are in any manner directly or indirectly connected with my/our participation in pickleball activities.
- 5) I also give permission to use and distribute for publication within Sun City Palm Desert my image & name for any purpose connected with the Pickleball Club, including promotional, marketing, informational and archival uses.

Membership Fee for 2026 is \$15 per person. Make check payable to SCPD PB Club and deposit along with this completed and signed application form into **Box 40** in the Mountain View Club House (across from the Post Office). **Please do not staple check to this application form.**

Print Name: _____

Signature: _____

E-Mail _____ **SCPD Membership #** _____

Home Phone _____ Cell Phone _____

Sun City Address: _____

Emergency Contact _____ Phone _____

Print Name: _____

Signature: _____

E-Mail _____ **SCPD Membership #** _____

Home Phone _____ Cell Phone _____

Sun City Address: _____

Emergency Contact _____ Phone _____