



Membership Application

FIRST NAME _____ LAST NAME: _____
CELL #: _____ CLUB CORP MEMBER: Y N
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL: _____
SIGNATURE: _____ DATE: _____

***ANNUAL MEMBERSHIP FEE: \$25.00/PERSON, \$45.00/FAMILY ***
CASH/CHECK – MADE OUT TO PTC-FAYETTE PICKLEBALL

MAIL TO: PTC-FAYETTE PICKLEBALL, 311 KENSINGTON DR., PEACHTREE CITY, GA 30269
OR USE PAYPAL ON THE WEBSITE

YOUR SKILL LEVEL –

BEGINNER ___ ADVANCED BEGINNER ___ INTERMEDIATE ___ ADVANCED ___

INTERESTED IN WORKING ON A COMMITTEE:

TOURNAMENT ___ SOCIAL ___ PROMOTIONAL ___

THANK YOU FOR BECOMING A MEMBER

CLUB USE ONLY:

AMOUNT PAID: _____ DATE PAID: _____ RECEIVED BY: _____

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION
MEMBERSHIP LIABILITY RELEASE AGREEMENT

I, an applicant for membership in PTC-Fayette Pickleball Association, Inc. ("PTC-FPA"), agree to release, waive, forever discharge, indemnify, and hold harmless and any and all of PTC-FPA representatives, Board Members, Directors, volunteers, and members, in the following particulars: (i) from any and all claims, actions, proceedings, expenses, damages, liabilities, or losses, (including reasonable attorneys' fees and court costs) which may be brought by me, or any party claiming a right through me, arising out of or connected with my injury (including death) resulting from my participation in any activity or event sponsored and/or conducted by PTC-FPA; and (ii) from any and all damage to or loss of any of my apparel, equipment, or other personal property.

I, an applicant for membership in PTC-Fayette Pickleball Association, Inc. ("PTC-FPA"), agree to release, waive, forever discharge, indemnify, and hold harmless PTC-FPA, and any and all of PTC-FPA representatives, Board Members, Directors, volunteers, and members, in the following particulars: (i) from any and all claims, actions, proceedings, expenses, damages, liabilities, or losses, (including reasonable attorneys' fees and court costs) which may be brought by me, or any party claiming a right through me, arising out of or connected with my injury (including death) resulting from my participation in any activity or event sponsored and/or conducted by PTC-FPA; and (ii) from any and all damage to or loss of any of my apparel, equipment, or other personal property.

In addition, I authorize PTC-FPA to use my images/videos in publications, including but not limited to, PTC-FPA or any other parties' websites, Facebook or GroupMe sites, and/or any other social media outlets, that PTC-FPA may choose to use. I understand my membership in PTC-FPA is contingent on accepting the terms of this Liability Release Agreement, and I have read, understand, and agree to the terms as set forth herein.

Signature of Participant

Print Name of Participant

Date

8/5/2021