



**GORGE PICKLEBALL ASSOCIATION (GPA)**

**MEMBER APPLICATION**

**One Year Initial Membership fee is \$15 Fee is payable by check, PayPal or credit card. Make check payable to: Gorge Pickleball Association. Send check to: Gorge Pickleball Association, PO Box 1064, Hood River, OR 97031.**

Please fill out the following information. It is IMPORTANT to fill out all boxes. Call Elizabeth Whelan at 541.490.1296 or email gorgepickleball@gmail.com if you have any questions. We may have t-shirts available, TBA.

<b>Last Name</b>						
<b>First Name</b>						
<b>Date of Birth</b>						
<b>Gender</b>						
<b>Skill Level/Rating or Best Guess</b>						
<b>Street or Mailing Address</b>						
<b>City</b>						
<b>State</b>						
<b>Postal Code</b>						
<b>Country</b>						
<b>Telephone</b>						
<b>Email Address</b>						
<b>Volunteer for any GPA activities</b>	Yes	No				

Assumption of Risk and Release of Liability Because voluntary participation in recreational sports involves physical activity with risk of personal injury or damage to property, it is the policy of GORGE PICKLEBALL ASSOCIATION that all participants voluntarily and knowingly assume all risks associated with physical activity. I understand that I am voluntarily participating in recreational activities for my own personal benefit. I assume responsibility for all risks involved in aforementioned activities that have inherent dangers and hazards that no amount of care, caution, instruction, or expertise can eliminate. Risks may include, but are not limited to: 1. Minor injuries such as scratches, bruises, strains and sprains, 2. Major injuries such as eye injury or loss of sight, joint or back injuries, cardiac events, and concussions. 3. Catastrophic injuries including paralysis and even death. In consideration for being permitted to participate in these activities, I agree to indemnify and hold harmless GORGE PICKLEBALL ASSOCIATION, its board of directors, members, and volunteers; Hood River Park & Recreation District, its trustees, officers, employees and agents from any liability arising from or proximately caused by my participation in these activities. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur

SIGNATURE