



Chilliwack Pickleball Club

GUEST FORM FOR NON-MEMBER PICKLEBALL PLAYERS

Please Print

Name _____

Address _____

Phone _____

Email _____

Emergency Contact _____ Phone _____

Date(s) of participation _____

Agreement, Release and Waiver of Liability

I recognize and understand there are certain inherent risks to which I will be exposed because of the nature and the level of the sports activity in which I have agreed to participate. As evidenced by my signature, I hereby, for my heirs, administrators and assigns, release, waive and hold harmless Chilliwack Pickleball Club, their directors, coaches, instructors and other members of the association, if applicable, owners and lessors of premises used to conduct the event, from any manner of claims or lawsuits that my result from my participation in this sport.

I further agree to play under the guidelines and rules of the International Federation of Pickleball and the Chilliwack Safety and Play Etiquette guideline sheet provided, for the overall enjoyment, safety and sportsman like conduct on the courts. To be in compliance with PIPA (BC's Personal Information Protection Act), the collection of my personal data will be for the sole purpose of Chilliwack Pickleball Club; memberships in local, provincial, and national Pickleball organizations; and/or a tournament committee if I have expressed interest in participating. My personal data will not be shared with, unless I have given specific authority to do so or as required by law, any commercial venture or any other non-pickleball association or interest.

Signature _____ Date _____