**Horseshoe Valley Pickleball (HVPB)**

**Guest Sign-In and Waiver Form**

Guests may play at the HVPB courts, after signing our **Guest Waiver,** up to 2 times before they will need to become a member to continue playing on HVPB Courts.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guest Information:**

* **Full Name:** (Please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visit Details:**

* **Who invited you?** (Member name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Have you played pickleball before?** ☐ Yes ☐ No
* **Skill Level (if known):** ☐ Beginner ☐ Intermediate ☐ Advanced
* **Are you interested in club membership?** ☐ Yes ☐ No ☐ Maybe

**Liability Waiver**

I acknowledge that participation in pickleball activities involves physical exercise and potential risk of injury. **AS A GUEST, YOU ASSUME ANY AND ALL RISKS AND LIABILITIES ASSOCIATED WITH YOUR VISIT.** You will not have any access to the HVPB member insurance policy. HVPB members have insurance through Pickleball Canada which does not extend to guests.

**Guest Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Club Use Only**

* **Checked by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Additional Notes:**