



ADULT PICKLEBALL DROP-IN PROGRAM

2017

Carmichael Recreation and Park District
5325 Engle Rd, Suite 100 Carmichael, CA 95608
Phone: 483-7826 Fax: 485-0805
www.carmichaelpark.com

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PRIMARY PHONE: _____ SECONDARY PHONE: _____
E-MAIL ADDRESS: _____

Carmichael Recreation and Park District

AGREEMENT, WAIVER AND RELEASE – Must be 18 years or older to participate

In consideration for being permitted by the above district to participate in the activities above, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the above districts (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that the activities involve elements of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Print Name: _____

Signature: _____ Date: _____

Please check one:

- 1-Day Drop-In Pass = \$5.00/person
- 10-Day Drop-In Punch Card = \$30.00/person
(Only the person named on this form can use the Punch Card)

Payment

VISA: _____ MASTERCARD: _____ Check # _____ Cash _____

Credit Card Payments:

Acct. #: _____ Exp. Date: _____ Sec. Code: _____

Card Holder's Name: _____ Signature: _____

Office Use Only Office Receipt Number: _____ Punch Card Number: _____