

Name: __

Primary Phone:

REGISTRATION FORM

Email Address: _____

Pickleball 2024-2025

Address:	City:	Zip:
		all. Our Johnson Gym has 5 indoor courts for e craze is all about but beware, you will get
Program Fees Tuesdays & Thursda 9am to 12pm All games played at La Sierra (Center Johnson Gymnasium (Big 5325 Engle Rd. Carmichael, CA 956	Community g Gym)	Program Fees 1-Day Pass \$7 (R) \$8 (NR) 10-Visit Punch Card \$45 (R) \$47 (NR)
Total Amount Paid: Check # (made to CRPD): Credit/Debit Card: Card #:		
Signature:	Receipt #:	

Secondary Phone:



Carmichael Recreation & Park District

Pickleball October 29, 2024 - May 29, 2025

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, 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 activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO AND LIABILITY RELEASE

Name (Printed)

By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. You further hereby release CPRD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities. All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT:(To be compl	eted and signed by parent/guardian if
Participant is under 18 years of age.)	<u> </u>
I hereby consent that my child,	, participate in the above-referenced activity,
and I hereby execute the above Agreement, Waive	r, and Release on their behalf. I state that said
minor is physically able to participate in said activit	y. I hereby agree to indemnify and hold the
District (including its officers, employees, volunteer	s, and agents) free and harmless from any loss
liability, damage, cost, or expense which may arise	out of or connected in any way with said
minor's participation in said activity.	
HAVE CAREFULLY READ THIS AGREEMENT,	WAIVER, AND RELEASE AND FULLY
UNDERSTAND ITS CONTENTS. I AM AWARE TI	
A CONTRACT BETWEEN MYSELF AND THE AE	OVE DISTRICT AND I SIGN IT OF MY FREE
WILL.	
Cianatura	Data
Signature	Date