



Membership Form

Initial here after signing the FAP waiver form.

Date _____

First Name: _____ Last Name: _____

Address: _____ City _____ Birthdate _____

Cell Phone: _____ Email _____

FAP needs a few skilled members to help our organization. Please check below if you would like to volunteer for: site host marketing/PR/website clinics/tournaments fundraising serve on FAP committee serve as FAP board member other _____

- Primary venue:
- Rotary
 - Vinland
 - Orchid
 - Fowler
 - Oakhurst

\$35.00 Individual Annual Membership – includes:

- \$25,000 Accidental Medical Benefit (valid during hosted play hours) through USA Pickleball
- Discounts for tournaments, leagues, and clinics
- Use of equipment during sponsored FAP play hours
- First notice of tournaments and other special events
- Heartfelt appreciation for helping support our efforts and bettering the Fresno pickleball community.

ADDITIONAL ANNUAL FAMILY MEMBER FEE \$25.00 each



Name _____ Birthdate _____

Email _____ cell _____ \$ _____

I would like to make a general fund donation*: \$ _____

Total: \$ _____

Internal use:

Form of payment: _____

Rcd. On _____

By: _____

Of members _____

Payment Options: cash or check payable to: Fresno Area Pickleball P.O. Box 3787 Fresno, CA 93650.

PayPal Giving Fund – Search for Fresno Area Pickleball under Charities in PayPal.

Zelle – directly through your bank. Look up recipient dockrx@sbcglobal.net.

OR GO PAPERLESS AND SIGN UP AND PAY WITH YOUR CREDIT CARD AT FresnoAreaPickleball.com

Questions: Contact us - fresnoareapickleball@gmail.com

Fresno Area Pickleball is a 501 (c) 3 nonprofit corporation. EIN:84-4202922 Your dues/donations may be tax deductible

We will not share your private information



LAST NAME: _____

Important: Remember to sign the form below!

**FRESNO AREA PICKLEBALL, INC.
WAIVER AND RELEASE OF LIABILITY AND EXPRESS ASSUMPTION OF RISK**

DISCLAIMER: NEITHER FRESNO AREA PICKLEBALL, INC. NOR ANY OF ITS DIRECTORS, OFFICERS, HOSTS, MEMBERS OR AGENTS IS RESPONSIBLE FOR ANY INJURY TO, OR ILLNESS OR LOSS OF OR DAMAGE TO PROPERTY OF, ANY PERSON IN CONNECTION WITH ANY PICKLEBALL EVENT, ACT OR ACTIVITY OF FRESNO AREA PICKLEBALL, INC. OR IN WHICH IT IS INVOLVED, FOR ANY REASON WHATSOEVER, INCLUDING BUT NOT LIMITED TO ORDINARY NEGLIGENCE ON THE PART OF FRESNO AREA PICKLEBALL, INC. OR ANY OF ITS DIRECTORS, OFFICERS, SITE HOSTS, MEMBERS OR AGENTS.

In consideration of my involvement in one or more such events, acts or activities, I hereby forever release and discharge Fresno Area Pickleball, Inc. and each of its directors, officers, site hosts, members and agents from any and all present and future liability, claims, demands, actions and causes of actions whatsoever related to negligent or other acts or omissions by or any of them, and I covenant not to sue or otherwise make claim against any of them, for property damage or loss, personal injury, illness, or death arising in connection with my involvement in any such event, act or activity, or any other activity, or activities incidental thereto, wherever, whenever, or however the same may occur.

Further, I am aware that court play is a vigorous sporting activity and, as such, poses a risk of serious injury or death. I am voluntarily participating in this activity with knowledge of the risk involved and hereby agree to accept any and all inherent risks of property damage or loss, personal injury or death.

I understand that this waiver, release and assumption of risk are intended to be as broad and as inclusive as permitted by the laws of the State of California and agree that (I) if any portion is held invalid, the remainder will continue in full legal force and effect, and (ii) if any portion is held to be overly broad, it shall be narrowed to the extent necessary to continue in full force and effect. I further agree that the venue of any legal proceedings shall be within Fresno County, California.

This waiver, release and assumption of risk shall be binding on my representatives and heirs and shall inure to the benefit of any successor organization to the Fresno Area Pickleball, Inc. and successor's directors, officers, site hosts, members and agents and to the representatives and heirs of its and its successor organization's directors, officers, hosts, members and agents.

I affirm that I am of legal age and am freely signing this form. If I am signing this as the parent or legal guardian of the participant, I consent to his or her involvement in such events, acts and activities. I have read this form and fully understand that, by signing it, I am giving up important legal rights and or remedies which may otherwise be available to me for negligent or any other acts of the Fresno Area Pickleball, Inc. or any other person listed above.

Print Name of Participant Phone Email

Signature of Participant if 18 years or older _____
Date

Signature of parent or legal guardian if participant is under 18 years of age _____
Date