

Mount Vernon Pickleball Club Membership Form

Mvpbclub.com

mvpbclub@gmail.com

Find us on Facebook

Our yearly dues are \$35/year and our membership year is Jan 1 to Dec 31. Please mail this form along with a check (made payable to MVP) to:

MVP c/o Chris Miller 10986 Finch St Mt Vernon 98273

Name _____

Address _____

Email _____ Phone _____

MVP does not loan or share member data. Would you like to make your email and phone# available to other MVP club members? Yes _____ No _____

What talent or skills do you bring to our organization? Please check any area you would be interested in helping with:

____ Administration(board position)

____ Court Maintenance

____ Event-Tournament

____ Fundraising

____ Tech-Web

____ Social Functions

Release of Liability

I hereby release and discharge the Mount Vernon Pickleball (MVP) club, it's officers, members, volunteers, participants, sponsors, guests or agents from any and all actions, causes of actions, claims and demands for, upon, or by reason of any damage, loss, personal injury or death which may result from or in connection with my participation of any nature in any of MVP's activities. I understand that this release is binding upon me, my assigns, my personal representatives, family members and heirs. It is understood that activities associated with MVP may involve an element of risk and danger of accidents up to and including death. I agree and represent that I understand the active, aerobic nature of pickleball and that I am in good health and proper physical condition to participate in such activity.

I have read the Liability Release and agree to it. I have also read the MVP By-Laws and agree to abide by the MVP rules.

Signature _____

Date _____