

AWC Member Name \_\_\_\_\_

AWC Card Number \_\_\_\_\_

*To receive member rate, you must be an AWC member at time of registration.*

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Parent/Guardian: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Preferred form of contact Email \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any health concerns \_\_\_\_\_

## Pickleball Tournament

- Men's Division Friday 5/28 4:30-7pm
- Women's Division Saturday 5/29 7:30-10am
- Mixed Division Saturday 5/29 10am-12pm

**\$20 member / \$35 non-member**

**Partner Name:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Refunds and/or make-up classes will not be offered. Credit will be issued only on a pro-rated basis if participation ceases due to medical reasons.**

## Liability Waiver

I, (the undersigned parent/guardian of) \_\_\_\_\_, do hereby acknowledge that I am aware that my (my child's) participation in Pickleball lessons at Aurora Wellness Center involves certain risks including, but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints and muscles. I (my child) am voluntarily participating in the Aurora Wellness Center program with knowledge of the dangers involved and I hereby agree to accept any and all inherent risks of and assume full responsibility for any loss of personal property, property damage, personal injury, or death. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by me, my child and other members of my family, or my estate, heirs or assignees.

Approval for present and future use of picture or video recording taken of me (my child) during this program is being granted to Aurora Wellness Center, 300 McCanna Parkway, Burlington for use in promotional and marketing materials. \_\_\_\_\_(Initials)

I also agree to indemnify and hold harmless the Released Parties, (Aurora Wellness Center owners and affiliates, employees, instructors and agents) from any and all liability or claims made by other parties as a result of my (my child's) actions in anyway relating to use of the Aurora Wellness Center facilities and equipment and engaging in any Aurora Wellness Center activity. I have read this form and fully understand that by signing this form, I am giving up certain legal rights and/or remedies.

Participant (Parent) Name (Please Print)

Signature

Date

Session/Class Purchased \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_