



## SEQUIM PICKLERS MEMBERSHIP AND LIABILITY FORM

1. **PRINT THIS FORM.**

2. **SELECT A LEVEL OF MEMBERSHIP** from the chart below. Annual dues are used toward yearly club operational expenses.

3. **COMPLETE THIS FORM** and **SIGN** at the bottom.

4. **PROVIDE PAYMENT (Include Annual Dues + any additional name tags requested - the first name tag is provided free with your dues).** Checks should be made out to "Sequim Picklers."

5. **SUBMIT FORM & PAYMENT.** (a) Give this form, along with your payment, to a Sequim Picklers Board Member, or (b) mail to: **SEQUIM PICKLERS, PO BOX 3441, SEQUIM, WA 98382** or (c) join and pay online at <https://www.sequimpickleball.com/> under "Join the Club."

SEQUIM PICKLERS MEMBERSHIP AND FEES SCHEDULE (Board approved, April 2021) (Updated June 2023)					
Member Level	Lifetime Payment	Dues	Indoor Play at Boys & Girls Club	Local Tournaments	Regional Tournaments
Basic/Individual	\$0.00	\$50.00/year	\$3.00	\$35.00	No discount
Basic/Household†	\$0.00	\$75.00/year	\$3.00	\$35 per adult	No discount
Bronze*	\$500.00	\$0.00	\$3.00	\$25.00	\$5 off
Silver	\$1,000.00	\$0.00	\$3.00	\$15.00	\$10 off
Gold	\$2,500.00	\$0.00	\$0.00	\$0.00	\$15 off

\* There is a payment plan option for Bronze Membership. Please contact the [Club Treasurer](#) for information

† 'Household' is defined as two adults at the same address and children under 18

MEMBER LEVEL:  BASIC/INDIVIDUAL  BASIC/HOUSEHOLD  BRONZE  SILVER  GOLD

MEMBER NAME: \_\_\_\_\_

(If you checked Household): ADULT #2 NAME: \_\_\_\_\_

CHILDREN (UNDER AGE 18) NAMES: \_\_\_\_\_

MEMBER EMAIL ADDRESS: \_\_\_\_\_

MEMBER MAILING ADDRESS: \_\_\_\_\_ BEST CONTACT PHONE: \_\_\_\_\_

(If you checked Household): ADULT #2 PHONE: \_\_\_\_\_ ADULT #2 EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

NAME TAGS: A Name Tag is included with Membership Dues. Additional tags may be requested for \$10 each.

# OF ADDITIONAL NAME TAGS \_\_\_\_\_ x \$10.00 ea. = \_\_\_\_\_

PREFERRED NAMES ON TAG(S) (If different than Member Name/s): \_\_\_\_\_

**Liability Waiver:** In consideration of being permitted to use the facilities, on behalf of myself, my family, my heirs, and my assigns, I hereby release the Sequim Picklers, their employees and agents, from liability for injury, death, or loss suffered by me, while using the facilities, or in any way associated with participating in any and all Sequim Picklers activities now or in the future, resulting from ordinary negligence of Sequim Picklers, their agents or employees. By the execution of this agreement, I assume full responsibility for any and all injuries or damages which may occur to me (including loss or theft of personal property) as a result of negligence on the part of Sequim Picklers, or their agents or employees. I affirm there are inherent risks in all health, fitness and sports activities, that I am aware of and appreciate these risks, and that I assume all responsibility for personal injury, death, or loss resulting from these injuries. The undersigned hereby agrees to defend, indemnify, and hold harmless Sequim Picklers, their officers, employees, and agents from and against any and all loss, liability charges and expenses (including attorney's fees), and costs which may arise by reason of my voluntary participation in any activities. Sequim Picklers shall not be liable for any damages arising from personal injuries sustained by me. The undersigned assumes full responsibility for any injuries or damages that may occur to myself or my property during my voluntary participation and do hereby fully and forever release and discharge Sequim Picklers and their agents, from any action or cause of action present or future, whether the same be known or unknown, anticipated or unanticipated, resulting or arising out of my voluntary participation. I certify that I am the participant, or I am the parent or legal guardian of the participant named above, that I have read and understand the foregoing release, and that I join the release without reservation, granting full consent and authorization for the above-named person to participate in the activity.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHECK ONE:** Signature of \_\_\_\_\_ Participant \_\_\_\_\_ Parent \_\_\_\_\_ Guardian