



**SPECTRUM SPORTS ACADEMY
PICKLEBALL WAIVER & RELEASE**



MEMBER CONTACT INFORMATION

NAME: _____ BEST CONTACT #: _____
GENDER: FEMALE MALE DATE OF BIRTH: _____ EMAIL ADDRESS: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Emergency Contact:

(Name and Relationship) *(Telephone number)*

Medical Information:

Allergies: _____
(Please specify or enter "None")

Heart Disease or other: _____
(Please specify or enter "None")

Any other previous or current injuries, conditions, symptoms or disability, which would or might affect medical care or treatment or participation in the Spectrum Sports Academy Program: _____
(Please specify or enter "None")

Membership

___ Individual (Monthly) - \$60/mo ___ Individual (Quarterly) - \$165/qu ___ Student - \$40/mo
___ Married Couple (Monthly) - \$100/mo ___ Married Couple (Quarterly) - \$270/qu

AUTO RENEW: YES NO

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to sign up for the Spectrum Sports Academy Pickleball Membership, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that: (1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, (2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, (3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and, (4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Spectrum Sports Academy, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and, (5) I give all rights to Spectrum Sports Academy to use myself in photographs, motion pictures, video and/or audio recordings taken anytime at Spectrum Sports Academy. I give Spectrum Sports Academy permission for the production, reproduction, copying, exhibition, publication and or distribution of any and all photographs, motion pictures, video and/or audio recordings in which I may appear or where their voice is heard.

(Signature)

(Date)