



Mt. Carmel Pickleball Club, Inc.  
**2023 Membership Renewal  
Form**

Label

\*Cell Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Email address and cell numbers will be used for communication purposes in the future to keep members updated on current news and playing times. This information will be kept CONFIDENTIAL.

**2023 Membership Fee - \$75.00**

**Renew your membership by December 31, 2022  
and pay only \$50.00!**

Please indicate whether you are paying with a check or cash:

\_\_\_\_ Check

\_\_\_\_ Cash

Date: \_\_\_\_\_



**PLEASE SIGN and DATE THE RELEASE FORM (ON THE REVERSE OF THIS FORM) and RETURN THIS FORM ALONG WITH YOUR PAYMENT IN THE SELF-ADDRESSED POSTAGE PAID ENVELOPE INCLUDED IN THIS MAILING. THANKS!**



# Hold Harmless & Release of Claims Agreement

## Mount Carmel Pickleball Club, Inc.

In consideration of the permission granted to me to use the facilities of MOUNT CARMEL, IL CITY PARK and participate in Pickleball activities sponsored by MOUNT CARMEL PICKLEBALL CLUB, INC., I hereby RELEASE, DISCHARGE, and hold harmless said MOUNT CARMEL PICKLEBALL CLUB, INC. and the CITY OF MOUNT CARMEL, IL, their agents, employees, representatives, officers, directors, successors and assigns from all claims, demands and actions which I may have, or which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have, against said MOUNT CARMEL PICKLEBALL CLUB, INC. and/or the CITY OF MOUNT CARMEL, IL, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, caused by, or arising out of my participation in Pickleball activities sponsored by MOUNT CARMEL PICKLEBALL CLUB, INC., including specifically, injuries to person or property caused by Pickleballs struck by Pickleball participants, and rackets used in said activities.

I, the undersigned, have read this release and understand its terms, and acknowledge that in using the facilities of MOUNT CARMEL, IL CITY PARK and engaging in Pickleball activities, there exists the possibility of an accident and injury to person and property.

I EXECUTE THIS RELEASE VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

IN WITNESS WHEREOF, I have executed this Release and Agreement at Mount Carmel, Illinois this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**X** \_\_\_\_\_

Please **sign** your name here

\_\_\_\_\_

Please **print** your name here

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

### FOR CLUB USE ONLY

ACCEPTED AS TO FORM AND CONTENT by MT. CARMEL PICKLEBALL CLUB, INC.

DATE: \_\_\_\_\_ BY: \_\_\_\_\_