

Indoor Adult Pickleball



BOYS & GIRLS CLUB
OF LAGUNA BEACH

Registration: for 18+ adults only. Children may not be present during indoor pickleball session. Boys & Girls Club of Laguna Beach waiver must be signed and kept on file in order to participate in the drop-in pickle ball program. Waiver expires at the end of season 2024.

By participating in the Adult Pickleball Program offered by Boys & Girls Club of Laguna Beach, participants acknowledge and agree that Boys & Girls Club of Laguna Beach and its representatives are not liable for any injuries, damages, or losses that may occur during the program. Participants further understand and accept the inherent risks associated with pickleball activities. This agreement constitutes a release and waiver of liability, and participants are encouraged to obtain their own insurance coverage. Boys & Girls Club of Laguna Beach is not responsible for any medical expenses or claims arising from program participation.

_____ / ____ / _____
Last Name First Name Date

YES / NO @
Are you a BGC Club Alumni? Keep up with our Alumni events by providing your email

Emergency Release / Authorization to Treat

If, in the judgment of the staff of the Boys & Girls Club of Laguna Beach, the named above participant needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for myself. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs and claims. I do hereby agree to indemnify and hold harmless the Boys & Girls Club of Laguna Beach (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said participant.

_____ / ____ / _____
Signature (Printed) Full Name Date