



# Top Pickleball Club, Inc. Membership Form

Annual dues are \$20.00, \$10.00 if joining after June 30. We accept cash or check payable to *Top Pickleball Club, Inc.* Contact Terri Kuzo at **570-956-6725** to submit membership form, make payment, and bring your Gateway Pass or OTOW ID card so she can verify that it's current.

OFFICIAL USE ONLY	
PAID	_____
CHECK #	_____ OR CASH
INITIAL	_____
DATE	_____

**New members can also give their membership form and dues to any Board of Directors member. Do not give your membership form and money to someone else to deliver it for you.** You can also mail the form, the payment, and a copy of your Gateway Pass or OTOW ID card to *Top Pickleball Club, Inc.*, 8365 SW 92<sup>nd</sup> Circle, Ocala, FL. 34481

**OTOW resident card or Gateway Pass Expiration date (MM/YY) \_\_\_\_\_/\_\_\_\_\_**

**Phone \_\_\_\_\_ Email \_\_\_\_\_**

**Skill Level is Self-Assessed (CIRCLE ONE) Gender (circle one) F M**

**1.0 = Brand New 1.5 = Beginner 2.0 = Intermediate Beginner 2.5 = Advanced Beginner**

**IF YOU HAVE A CERTIFIED OR PREVIOUS CLUB RATING HIGHER THAN 2.5, A DUPR OR WPR RATING, PLEASE CIRCLE 2.5 THEN CONTACT THE RATING COMMITTEE FOR CONFIRMATION AND/OR ASSESSMENT OF THE HIGHER RATING**

**Are you a member of United Healthcare Medicare Advantage? (circle one) YES NO**

**Would you be willing to help with club activities - coaching, tournaments, referee / line judge, social functions, committees, board member/officer, other? Please specify.**

## Member Hold Harmless Agreement

In return for my participation as a member in this club, I do hereby agree to the following: I affirm for the fiscal year that I am submitting payment for, that my OTOW ID is current and valid, or my Gateway of Services pass has been renewed. I understand that participation in this activity involves a certain degree of risk that could result in, without limitation, scrapes, bruises, cuts, injury, paralysis, death, loss, or damage to my person or my property. In careful consideration of the potential risk involved, I hereby release, hold harmless, and waive all claims associated with this activity, which I may have against all club members of this organization, participants, and guests, including but not limited to its directors, managers, and agents. I additionally agree to hold harmless and waive all claims associated with this activity, which I may have against; Sidney Colen and Associates Ltd.; Parkway Maintenance & Management, L.L.C.; On Top of the World Communities, L.L.C.; On Top of the World (Central) Owners Association, Inc.; Indigo East Neighborhood Association, Inc.; Candler Hills Neighborhood Association, Inc.; Weybourne Landing Neighborhood Association, Inc; and any of their officers, owners, directors, managers agents, attorneys, servants, employees, heirs, successors, assigns, members, and participants for any and all loss, damage, injury, action, or cause of action resulting or sustained by me, or my guests in the course of participating in activities or club events. I further waive, release, hold harmless, and forever discharge the above-named released parties from any claim for attorneys' fees, or other costs or expenses that may result from participating in activities or club events as set forth in the above paragraph of this document. In signing this hold harmless agreement, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I am at least eighteen (18) years of age and fully competent. I execute this agreement for full, adequate, and complete consideration, fully intending to be bound by the same. I am signing this Waiver as a Legal and Binding Agreement.

Print Full Name: \_\_\_\_\_

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