



GRAND MESA PICKLEBALL

2025 MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Emergency Contact Name and Phone: _____

Do you live within the Town of Cedaredge (Check One): YES _____ NO _____

Acknowledgements and Agreement

I, the undersigned, hereby confirm that I voluntarily request to be a member of Grand Mesa Pickleball (GMP) and accept any liabilities that may come with such participation.

As such, I hereby agree to forfeit all rights to bring a suit against the GMP organization, including all members, board of directors, officers, employees, agents, volunteers of any/all sponsors or lessors (e.g. New Hope Church) for any reason. This includes any and all actions, causes of action, claims and demands for, upon or by reason of any damages, loss, personal injury or death which may result from or in connection with my voluntary participation at activities and tournaments and/or facilities sponsored and/or leased by GMP, including but not limited to, financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I hereby agree to follow the rules set forth by the GMP Board as it relates to use of facilities and equipment. Furthermore, I agree to make every effort to obey safety precautions as presented in writing and as explained verbally. I also agree that if I do not understand something, it is my responsibility to ask for clarification.

By signing and returning this form, I hereby acknowledge the risks involved in pickleball including but not limited to, slipping, tripping, falling, tripping over equipment, and so forth. I swear to be voluntarily participating and that all risks have been made clear to me. Additionally, I do not have any conditions that would increase my likelihood of experiencing injuries while engaging in these activities.

Finally, I agree to participate in club events, receive communications from the club, and volunteer when possible to assist with club activities.

Signature _____ Date _____

2025 Annual Fees

Effective January 1, 2025-December 31, 2025

	If paid before 1/1/25	If paid 1/1/25 or later
Check or cash	\$50	\$55
Online/credit card	\$52	\$57

Please make checks payable to "GMP".

Mail signed form with cash or check to: Coni Wolfe • 360 SW 8th Ave. • Cedaredge, CO 81413