

Municipality of South Bruce Tennis Court/Pickleball Registration Form 2025

First	& Last Name:					
Primary Phone Number:		_ s	Secondary Phone Number:			
Addr	ress:					
List F	Family Members (if applicable)					
First Name (& last name if different from above last name)		(2	f Junior 18 or nder)	Emails		
Seas	onal User Fees ☐ Pickleball ☐ Tennis		□ '	Waiver Returne	ed	
	Membership Types				Fee	Total
					\$ 75.00	\$
					\$125.00	\$
	same residence)					
☐ Junior (18 and under)					N/A	N/A
☐ Key Deposit (Returnable at seasons end)					\$25	\$25
Seas	on Information					\$
Cour	ts Open: Saturday, May 20 th 2025		Cou	urts Close: Octo	ber 14 th 2	.025
Ном	to Register					
	off the Registration Form, Waiver, and pa	ovmen	t at the M	unicinal Admin	istration (Office or
-	Mildmay Carrick Swimming Pool (MCSP) to	•		•		
	off at the MCSP is only available during			-		tilat
шор	on at the west is only available daring		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ary aria Augusti		
Signa	ature:		oate:			
Off	ice Use Only					
Date Received Staff Initials		S	Amount Paid Method		d	
Date Payment Entered Staff Initi		Initials	5	Receipt Number		
Key	#			1		
Date Key Pick Up		Ke	Key Return Date			

Collection of Personal Information

The personal information collected on this form is collected under the authority of the Municipal Act and will be used for registration purposes and to monitor and evaluate recreation programs for South Bruce. Questions about this collection should be addressed to the Recreation and Facilities Manager at 519-392-6623.

SOUTH BRUCE TENNIS & PICKELBALL COURT WAIVER OF LIABILITY AND RELEASE

The tennis/pickleball facilities located at Carnegie Park, Mildmay, Ontario (the "Facilities") are owned by the Municipality of South Bruce. I understand that the Municipality of South Bruce is responsible for the maintenance and safe operation of the Facilities. I acknowledge that it is my responsibility to contribute to the safety of the premises and will check the courts for hazards prior to play. I will remove the hazardous material to a waste receptacle and notify the Municipality of South Bruce if I observe a more serious hazard. I further understand that the use of the Facilities and participation in the programs and events will be at my own risk and that I will not hold the Municipality of South Bruce liable for a personal injury or harm associated with or arising from my use of the Facilities and/or my participation in the activities. I acknowledge that tennis/pickleball is a vigorous and competitive sport and that I am physically and mentally capable of playing tennis/pickleball and participating in events staged by the Municipality of South Bruce and that I choose to participate in the activities of the Municipality of South Bruce at my own risk. I further acknowledge that the Municipality of South Bruce may use my image(s) for promoting the courts and its activities, which may include advertising, promotion and marketing. IN CONSIDERATION of the Municipality of South Bruce accepting me as a user of the facilities:

- 1. I HEREBY AGREE TO RELEASE, DISCHARGE, AND NOT TO SUE, the Municipality of South Bruce (collectively referred to as the "Releasees") from any and all liability to myself, each member or my family and each of my invited guests, for injury to my person or property, including injury resulting in death.
- 2. I HEREBY ASSUME FULL RESPONSIBILITY for any risk or occurrence of bodily injury or death to myself, my family and my guests, or for property damage while in attendance at the Facilities, playing tennis pickleball at the Facility.
- 3. I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS the Releasees from any loss, liability, damage or costs that they may incur as a result of any injury to myself, a member of my family or to any guest of mine injured while in attendance at the Facilities or elsewhere.
- 4. I HEREBY ACKNOWLEDGE AND AGREE to abide by the Facility Rules and Guidelines posted on the Municipal website and in the facility.
- 5. I HEREBY ACKNOWLEDGE that I am 18 years of age or older (and if not, that the permission and signature of my parent or legal guardian is required and presented below). I have read this WAIVER OF LIABILITY AND RELEASE, understand that I have given up substantial rights by checking the agree box, and have done so freely and voluntarily without any inducement, assurance or guarantee being made to me, and that it is a complete and unconditional release of all liability to the greatest extent allowed by law.

 By checking this box, you agree to the above

 Member Signature _____
 Date: ______

Office Use Only			
Received By:	Date:		