

# Bastrop Area Pickleball Association

## Release Form

A 501c(3) Non-Profit



I, \_\_\_\_\_ (print name), acknowledge that my participation in the activities of the Bastrop Area Pickleball Association involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge the Bastrop Area Pickleball Association and their respective officers, committee chairs, members, affiliates, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of participation in these activities.

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

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18)

Please return completed waiver to:

Holly Marie Howard  
Treasurer/Recording Secretary  
Post Office Box 1661  
Bastrop, TX 78602