

Pickleball



Raymond Recreation is offering a 6-week session of pickleball for adults & seniors. Pickleball will be held from 6 – 8 pm on Thursday evenings from March19 – April 23.

What is pickleball you ask?? It's like a combination of tennis and ping pong. An added bonus! you'll have so much fun you won't notice you're getting a great workout. Beginners welcome.

This program will be at the Raymond Middle School Gym on Thursday evenings. You can bring

your own paddle, or we will have some for people to use. The fee for this 6-week program is \$20. Pre-registration is required. ———————————————————————————————————	
Address	
Email	
RELEASE AND WAIVER OF LIA	BILITY AND INDEMNITY AGREEMENT
WAIVE DISCHARGE AND COVENANT NOT TO SUE the To all liability for any and all loss or damage, and any claim or dem	ed above to participate in the Basketball program, I/we SHALL RELEASE, own of Raymond, Recreation Department, their agent and employees from nands therefore on account of injury to the person or property or resulting illful wanton negligence of the Town of Raymond, Recreation Department at participates in the above named program.
or damage including but not limited to bodily injury, illness, Department, their agents and employees become legally obligated demands, costs or judgments, against the Town of Raymond, Re	on Department, their agents and employees from any and all liability, loss, death or property damage which the Town of Raymond, Recreation It to pay including reasonable attorneys' fees and costs, as a result of claims, ecreation Department, their agents and employees on account of injury to articipant except in the case of gross or willful wanton negligence of the oyees and whether or not such liability is sole, joint or several.
	strain on my body, or its parts and therefore I represent to the Town of Ige, I am in a proper physical condition to participate and that I/we assume
I/we understand that the above program involves traveling to va to and from these activities and I/we release, indemnify and hold	rious activity sites. I/we will accept full responsibility for transportation I harmless and persons providing such transportation.
If it is impossible to contact me and it is an emergency, I/we administer anesthesia, or to order injections or surgery for my sa	hereby give permission to the attending physician to treat, hospitalize, fety.
I/we, the undersigned, have read this release and understand a significance. I/we have executed this release on this date indicates the control of the contr	ll its terms. I/we execute it voluntarily and with full knowledge of its red next to my/our names.
Signature	Date.