

# Release and Waiver of Liability, Waiver of Claims Assumption of Risks and Indemnity Agreement

I, \_\_\_\_\_ hereby agree to the following:

1. That I am participating in a Pickleball Tournament at Parkland Pickleheads Pickleball Club. I recognize that this requires physical exertion which may be strenuous and may cause physical injury. I am also fully aware of the risk and hazard involved.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in the program/ tournament or/and use the equipment. I represent that I am physically fit and have no medical condition which would prevent my full participation.
3. I agree to take full responsibility for any risks, injuries, all liabilities, including negligence, for any loss, illness or damages known or unknown which might incur as a result of participating in the physical activities and/or tournament and using the equipment.
4. I knowingly and voluntarily waive any claim I may have against the Parkland Pickleheads Pickleball Club, facility, officers, directors, volunteers and members for injury and damage that I may sustain as a result of participating in tournament and using the equipment.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Witness Date