ABQ Pickleball Club

A Game For Everyone

abqpickleball@gmail.com
PO Box 20846, Albuquerque, NM 87154

Name: _____ Birthdate: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone #: (Cell)_____ (Home/Alt)_____

Email:_____

Emergency Contact: Name & Phone:_____

I usually play pickleball at _____ (place)

Release. In consideration of being permitted to participate in any way in the ABQ Pickleball Club Events, venues and any and all associated activities supported by the ABQ pickleball Club ("the Event"), I, for myself, my heirs or assigns, hereby release, waive, discharge and covenant not to sue the ABQ Pickleball Club as well as their officers, volunteers, employees and agents from liability from any and all claims resulting in personal injuries, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in the ABQ Pickleball Club Events, venues and any and all associated activities supported by the ABQ pickleball Club.

Assumption of Risk. Participation in ABQ Pickleball Club Events, venues and any and all associated activities supported by the ABQ pickleball Club carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I certify that I am physically able to play the sport of pickleball. The specific risks include, but are not limited to, 1) minor injuries such as bruises, sprains and dehydration, 2) major injuries such as eye injuries, joint or back injuries, heat stroke, heart attacks, and concussions, and 3) catastrophic injuries such as paralysis and death. Furthermore, before and during participation, I agree to inspect the area and if I find it unsafe will immediately advise others and leave the area. I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in playing pickleball. I assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless. I also agree to indemnify and hold the ABQ Pickleball Club and all named above harmless from any and all claims, actions, suits, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Event.

Use Permission. I also give the ABQ Pickleball Club and its agents and designees permission to use or distribute, without limitation or obligation, my image, name, voice, and words for any purpose connected with the Event, including promotional, marketing, training, informational, and archival uses.

_____ _____ _____

Signature of Participant | Print Name of Participant | Date

_____ _____ _____ _____

Signature of Parent/Guardian if Minor | Print Name of Minor's Parent/Guardian | Date | Minor's Age

Instructions:

1. Save this form to your computer, then fill in the blanks on the computer and print the form, OR
2. Print this form and fill in the blanks by hand, THEN
3. Sign the form AND
4. Return the signed form to an Executive Team member or your Venue Coordinator OR
5. Return the signed form by mail to ABQ Pickleball Club, PO Box 20846, Albuquerque, NM 87154.