



## RELEASE, PERMISSION, AND INDEMNITY AGREEMENT

**Release.** In consideration of being permitted to participate in any activity at ESPIRE SPORTS, I, for myself, my heirs or assigns, **hereby release, waive, discharge and covenant not to sue ESPIRE SPORTS & PRESCOTT INDOOR PICKLEBALL ASSOCIATION (PIPA)**, their officers, employees, and agents. In addition, I agree not to hold all named above liable for **any and all claims** resulting in personal injuries, death, accidents, illnesses (such as communicable diseases including COVID-19), and property loss arising from, but not limited to, participation in any activity at ESPIRE SPORTS.

**Assumption of Risk.** Participation in any activity at ESPIRE SPORTS carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary but include 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. **I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in participating in any activity at ESPIRE SPORTS. 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 ESPIRE SPORTS, PRESCOTT INDOOR PICKLEBALL ASSOCIATION (PIPA), 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 participation in any activity at ESPIRE SPORTS.

**Use Permission.** I also give **ESPIRE SPORTS** 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.

---

Print Name *(Please print clearly)*

---

Signature

---

Date

---

Phone

---

Email *(Please print clearly)*

---

Address

---

City, State, Zip

---

Parent Name\*

---

Signature

---

Date

*\*If under 18 years must be signed by a parent or guardian*