



SPORT PARTICIPATION RELEASE AGREEMENT (WAIVER FORM)

(215) 643-7377

info@upperdublinsportscenter.com

680 Tennis Ave, Ambler, PA 19002

Prior to engaging in any practice, competition or Club Sport related physical activity, all members must submit a completed and signed Sport Participation Waiver Form to the admin.

GENERAL INFORMATION

FULL NAME: _____

CONTACT NUMBER: _____ DATE: _____

EMAIL: _____

WAIVER STATEMENT

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

I am aware that participating in the sport of pickleball involves many risks, dangers & hazards including, but not limited to:

collision with other persons or objects; being struck by a paddle; being hit by a ball; the risk of stroke, heart attack or other similar life threatening conditions caused by physical exertion; the risk of personal injury including, but not limited to, strains, sprains, fractures, brain injury, spinal cord injury including paraplegia or quadriplegia, or death; loss of balance or control; **slips, trips and falls; negligent first aid; failure to act safely or within one's own ability; negligence of other persons;** and,

NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releases accepting my application for membership in the Picklezone Upper Dublin Sports Center and, as applicable, my affiliated province or territory and local association or club, and permitting my use of the facilities and premises provided by the Releases (hereinafter "the premises"), I hereby agree as follows:

- I am aware that I am engaging in physical activity and that the use of Upper Dublin Sports Center, and interaction with any part of the facility could cause injury to me.
- I am voluntarily participating in these activities and assume all risks of injury to myself that might result.
- I agree to waive any claims or rights I might otherwise have to sue CFIP, its owners, officers, or employees for injury to me as a result of these activities.

- I have carefully read this waiver, which states that I assume all risks of injury. I am hereby advised that I should be sufficiently physically fit for exercise activities and participation in CFIP events.
- I understand that I should have consulted a physician prior to undertaking any physical exercise.

SIGNATURE

BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT.

PLEASE READ CAREFULLY!

This Release Agreement shall apply to all subsequent membership renewals.

TO: Picklezone Upper Dublin Sports Center, and its affiliated provinces and territories and its local associations and clubs, and their respective directors, officers, employees, instructors, agents, representatives, volunteers, independent contractors, subcontractors, sponsors, successors and assigns (hereinafter collectively referred to as the "Releases").

***Certification:** I have read and understand the foregoing waiver, I am aware that this waiver releases Upper Dublin Sports Center and contains an acknowledgement of my voluntary and knowing assumption of the risk of property damage or loss and/or injury or illness (minimal, serious, catastrophic and/or death). I have signed this document voluntarily and of my own free will.*

***Signature:** This form must be signed and submitted by the participant listed above*

Participant's Signature: _____