

# Pickleball Waiver

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

## Release, Permission, and Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any pickleball clinic, round robin, private or group lessons, I, myself, my heirs or assigns, do hereby release, waive, discharge and covenant not to sue Sherry L. Scheer or any of her assistant instructors, 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 any Pickleball clinic, round robin, private or group lessons.

**Assumption of Risk:** Participation in any Pickleball clinic, round robin, private or group lessons carries with it certain inherent risks that cannot be eliminated regardless of the precautions that are 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 playing pickleball and engaging in pickleball clinics, round robins, private or group lessons. 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 Sherry L. Scheer, Wellfleet, MA and her assistant instructors, employees and agents, 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 her Pickleball clinics, round robins, private or group lessons.

**SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

