Columbus Municipal League Pickleball, LLC

Day of Event Waiver and Release of Liability

In consideration of being allowed to participate in today's pickleball event ("Columbus Municipal League Youth Pickleball and/or Columbus Youth Pickleball Academy"), I, the undersigned, acknowledge and agree that:

1. **Assumption of Risk** – I understand that participation in pickleball involves risks of injury, including but not limited to slips, falls, collisions, property damage, and serious injury (up to and including death). I voluntarily assume all such risks.
2. **Release of Liability** – I release, waive, and discharge Columbus Municipal League Pickleball, LLC, its owners, managers, staff, volunteers, sponsors, and affiliates ("Released Parties") from all claims, demands, or causes of action for injury, damage, or loss arising from my participation, whether caused by negligence or otherwise.
3. **Medical Treatment** – I authorize the Released Parties to obtain emergency medical care for me if needed and agree that I am responsible for all related costs.
4. **Rules and Conduct** – I agree to follow all safety instructions, event rules, and directions of organizers. Failure to comply may result in my removal from the Event.
5. **Binding Effect** – This Waiver applies to me, my heirs, executors, and assigns, and is governed by the laws of Georgia. If any portion is found invalid, the remainder shall remain in effect.

Acknowledgment of Understanding

I HAVE READ THIS WAIVER, FULLY UNDERSTAND IT, AND VOLUNTARILY SIGN IT, GIVING UP CERTAIN LEGAL RIGHTS.

Participant Name (Print): _____
Signature: _____
Date: _____

If under 18 years old, Parent/Guardian must sign:
Parent/Guardian Name (Print): _____
Signature: _____
Date: _____