PRINT NAME: _____

Columbus Georgia Municipal League Pickleball, LLC
Waiver and Release of Liability

In consideration of being allowed to participate in pickleball events organized by **Columbus Georgia Municipal League Pickleball, LLC** (**the "League**"), I, the undersigned, acknowledge and agree as follows:

Initial

____Assumption of Risk – I understand that participation in pickleball involves risks of personal injury, including but not limited to slips, falls, collisions, concussions, and other serious injury up to and including death as well as property damage. I voluntarily assume all such risks.

____Release of Liability – I release, waive, and discharge the **Columbus Municipal League Pickleball, LLC**, its owners, managers, committee members, organizers, 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.

____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.

____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 an event.

____Binding Effect – This Waiver applies to me, my heirs, executors, and assigns, and is governed by the laws of the State of Georgia. If any portion is found invalid, the remainder shall remain in effect.

____Photograph and Likeness Release Clause - By signing this waiver, I hereby grant the Columbus Georgia Municipal League Pickleball, LLC (the "League") and its representatives, employees, and agents the irrevocable right and permission to photograph and/or record the participants and me in connection with my participation in League events and activities, to use my name, voice, and likeness in any media, including but not limited to publications, promotional materials, advertisements, and websites, without compensation. I understand and agree that any photographs, videos, or other visual or auditory recordings taken during my participation shall become the exclusive property of the Columbus Georgia Municipal League Pickleball, LLC. The League may use, reproduce, modify, and distribute these materials in perpetuity, and I waive any right to inspect or approve the finished product or the use to which it may be applied.

____Acknowledgment of Understanding

I HAVE READ THIS WAIVER, FULLY UNDERSTAND IT, HAVE HAD THE RIGHT TO HAVE MY LEGAL COUNSEL REVIEW SAME AND VOLUNTARILY SIGN IT, GIVING UP CERTAIN LEGAL RIGHTS AS STATED.

Participant Name (Print): _____

Signature: _____

Date: _____

If under 18 years of age, Parent/Guardian must also agree and sign:
Parent/Guardian Name (Print): _____
Signature: _____
Date: _____