



Waiver of Liability for Opelika Pickleball Club Minor Participation

Participant Liability Release Agreement

(Minor below 18 years of age.)

I _____ am a minor and am having my parent or guardian authorize my application to participate in sports programs, tournaments, and the recreation facilities ("the "Programs") made available by the Opelika Pickleball Club ("OPC"), I hereby certify to the truth and correctness of all data provided in this application.

I hereby:

- understand that participation in the Programs is contingent, among other things, upon my submission of this completed authorized Participant Liability Release Form.
- release, waive and forever discharge and indemnify and hold harmless from any and all claims or causes of action, included but not limited to death, personal injury or loss or damage of property which I, or any of my representatives, heirs, next of kin or assignees (my Representatives) may have or which may hereafter accrue as a result in the participation in the programs or otherwise and which may be asserted by me or my Representatives against OPC, the City of Opelika, and each of their respective officers, officials, employees, board members, elected officials, agents, representatives, successors and/or assigns (collectively the "Released Entities"), whether caused by acts, omissions, or negligence of the Released Entities or by any other person or entity, and I acknowledge that the primary purpose of this Agreement is to relieve the Released Entities from any and all liability or exposure to liability regardless of the nature and regardless of the causation;
- grant permission for the OPC to take and publish photographs and videos of me during activities and programs sponsored by the OPC
- acknowledge that the Released Entities are relying on the release, indemnify and grant of rights contained herein.

By submitting this registration form in person or electronically and payment of club fees, I hereby agree to and accept this "Participant Liability Release Agreement."

I acknowledge that the information above is correct. By submitting your membership payment, I am authorizing Opelika Pickleball Club to charge my card for all fees listed above and to keep my card information on file with the payment processor until the transaction is completed. I also acknowledge and accept the Annual Membership Terms and Conditions stated by Opelika Pickleball Club.

Minor's name: _____

Parent or Guardian Name Printed

Signature

Minor's Birthdate _____

Minor's age _____

Emergency Number _____