



Paddles at the Plex

Player's Name: _____

Player's Phone: _____ Email Address: _____

Emergency Contact During Event:

Name: _____ Relationship: _____

Phone: _____

The Paddles at the Plex (PATP), Opelika-Auburn Pickleball Club (OAPC) and the City of Opelika, Al (City), are hereafter referred to as "Organizer". The organizer requires a signed release covering all entrants in events. The release must be signed by the entrant and parent or guardian of any entrant who is a minor.

RELEASE: Acceptance of my entry in events is without assumption or responsibility of any kind by the organizer, USA Pickleball, its sectional associates, committee, or the management of any event in which I may be entered or may participate. In consideration of the acceptance of my entry, I do hereby for and on behalf of myself, and my heirs and my legal representatives release and forever discharge the organizer, its officers, committees, and representatives and their successors and assigns, of and from any and all claims and damages, losses or injuries which may be suffered or sustained by me in connection with my activities during the period for which such permission is granted and any period traveling to and from the events described, and all claims are hereby waived and released, and I covenant not to sue therefore.

CODE OF CONDUCT: I hereby agree to abide by the established Code of Conduct as established by USA Pickleball.

MEDICAL RELEASE: I hereby consent to the rendering of emergency first aid and other medical procedures that at the time of injury or illness seem reasonably advisable. I further understand that I will be responsible for payment of any such medical procedures. In consideration of the acceptance of my entry, I hereby agree to abide by all applicable rules and regulations and codes of the USA PICKELBALL and/or the same as may be adopted by the USA PICKELBALL and/or organizer for events, and hereby consent to be tested for drugs pursuant to the provisions thereof.

PUBLICITY RELEASE: I hereby give consent to organizer to use my name, picture likeness, and/or biographical materials for the promotion of organizer events, and/or any of their programs and activities. I hereby release and agree to hold harmless organizer from any and all claims of any kind which I, my heirs, executors and assigns, may have on account of the use of any photographs, videos, or any other media generated as a result of my participating in organizer events.

PHOTO RELEASE: I hereby grant permission to organizer to take and use: photographs and/or digital images of me for use in printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the images(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of organizer.

EMAIL RELEASE: I hereby grant permission to organizer to contact me via email at the address provided. I understand that I have the ability to "opt out" at any time either by calling organizer or replying to an email that you might receive from organizer.

ASSUMPTION OF THE RISK & WAIVER OF LIABILITY RELATING TO SARS-CoV-2/COVID-19

The novel Coronavirus and/or COVID-19 has been declared a worldwide pandemic by the World Health Organization. **SARS-CoV-2 (virus) and/or COVID-19 (disease) is/are extremely contagious** and is/are believed to spread, *inter alia*, from person-to-person contact. As a result, federal, state, and local governments, and federal and state health agencies recommend social distancing and have in many locations prohibited the congregation of groups of people.

The organizer has put in place preventative measures to reduce the spread of SARS-CoV-2 and/or COVID-19; however, organizer **cannot guarantee** that participants and/or attendees of organizer sponsored activities and/or events will not become infected with SARS-CoV-2 and/or COVID-19. Further, attending and/or participating in organizer sponsored activities and/or events **could increase** the risk of a participant and/or attendee being exposed to, becoming infected with, and/or contracting SARS-CoV-2 and/or COVID-19.

By signing this agreement, I acknowledge the contagious nature of SARS-CoV-2 and/or COVID-19 and voluntarily assume the risk that I, my family, and/or my child(ren) may be exposed to or infected with SARS-CoV-2 and/or COVID-19 by virtue of participating in and/or attending a organizer sponsored activity and/or event, and that such exposure or infection may result in personal injury, illness, permanent disability, and even possibly death. I understand that I, my family, and/or my



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child(ren) may become exposed to or infected by SARS-CoV-2 and/or COVID-19 at any organizer sponsored activity and/or event due to the actions, omissions, and/or negligence of myself and others, including, but not limited to organizer employees, agents, volunteers, and organizer program participants and their families/friends.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my child[ren], including, but not limited to, personal injury, illness, disability, and/or death. On my behalf and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and agree to hold harmless and indemnify organizer, its agents, representatives, and/or employees, from any and all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or in any way related to being exposed to, becoming infected with, and/or contracting SARS-CoV-2 and/or COVID-19. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of organizer, its employees, representatives, and/or agents, whether exposure to and/or infection with SARS-CoV-2 and/or COVID-19 occurs before, during, or after participation in any organizer sponsored activity or event.

_____	_____
Print Name of Participant	Print Name of Parent or Guardian (Must be over 18)
_____	_____
Signature of Participant	Signature of Parent or Guardian (Must be over 18)
Date: _____	Date: _____



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- Rev. 1.0 Original
- Rev. 1.1 Added City of Opelika and referred as "Organizer"
- Rev. 1.2 Added PATP Watermark
- Rev. 1.3 Removed Watermark