

## Waiver of Liability and Release for use of Oxford Pickleball, LLC's Facilities

Last Name	First Name		Middle Initia	l Date of Birth
Street Address	City	State	Zip	Phone Number
inherent and other risks of	of serious injury. In consideration of	of the services provided	d by Oxford Pickleball, LL	d at 4 Pheasant Run Road, Oxford CT, has C, it's agents, members, participants, consultants, d Pickleball, LLC) I now agree and certify as
legal guardian of the abortown actions, inactions, pl LLC and /or the latent corracquet/paddle or (wheth in this activity, employees	ve listed minor participant, will be nysical condition and / or negligen nditions of the premises or of any ner yours or another participant's) s or agents of Oxford Pickleball, LL	engaging in activities t ce, but from the action equipment used. The ri while participating at ( C, latent defects in equ	hat may involve risk of some, so that may involve risk of some, and / or NEC isks may include, but are Dxford Pickleball, LLC, are inprenty supporty support	f participant is 18 years of age or older) or parent/erious injury which might result not only from my GLIGENCE of others, INCLUDING Oxford Pickleball, not limited to: being hit by a ball and / or d / or other NEGLIGENT acts of other participants blied by Oxford Pickleball, LLC or other entity, ENT first aid emergency treatment or other
terms of this Waiver of Li	ability and Release for use of Pickly y and I elect, in spite of the risks, t	eball Courts were made	e available to me, prior t	existing in this activity, and acknowledge that the o signing of this waiver. My participating in this accept personal responsibility for any and all
forever discharge, and ag LIMITED TO CLAIMS ARIS	ree to indemnify and hold harmle NG FROM Oxford Pickleball, LLC'S	ss Oxford Pickleball, LLC ALLEGED NEGLIGENCE	C, from any and all liabili ), demands or causes of	itatives I hereby voluntarily release, waive, ty for any and all claims (INCLUDING BUT NOT action which are in any way connected with my /EAR from the date of my signature below.
agree to bear the costs of		urther certify that I hav	e no medical or physical	e participating in these activities or alternatively I conditions, which could interfere with my safety indirectly, by any such condition.
	ave read and am familiar with the vith conditions set forth therein.	Oxford Pickleball, LLC'	s Rules and Regulations,	a copy of which is clearly and conspicuously
				nt under 18, and I agree I will wear proper attire permission to contact 911 or other emergency
	. I acknowledge that if anyone is h naintain a lawsuit against Oxford I			n in this activity a court of law may find me to nich I have released them herein.
I HAVE HAD SUFFICIENT (	OPPORTUNITY TO READ THE ENTIR	E DOCUMENT. I HAVE	READ AND UNDERSTOOI	D IT, AND I AGREE TO BE BOUND BY ITS TERMS.
Participant Signature o	r Parent/Guardian if participar	nt is under age 18		
Print Name of Signator	V		Date	