



Individual Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in BABY GOT SWING Charity Pickleball Tournament and related events and activities;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

- (a) To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Tournament;
- (b) Participating in the Tournament may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
- (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- (a) Baby Got Swing Charity Pickleball Tournament, Heart, of Hope and its Board of Directors or any of its agencies, residents, employees or volunteers, officials affiliated with the organizations or any other individuals affiliated with the Tournament;
- (b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring agencies, organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- (c) owners of premises used to conduct the Tournament FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en-route to and from the tournament.

(3) I FURTHER AGREE THAT:

- (a) Prior to participating, I will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the tournament director, or official connected with the Tournament of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;

USE Permission. I also give the BABY GOT SWING Charity Pickleball Tournament and designees permission to use or distribute, without limitation or obligation, my image, name, voice, and words for any purpose connected with the Tournament, including promotional, marketing, training, informational, and archival uses.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

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Participant Name (print) Participant Signature Date