

**PORT HOPE FUND RAISER PICKLEBALL TOURNAMENT REGISTRATION FORM**  
**LUCK OF THE DRAW WITH INDIVIDUAL SCORING, ROUND ROBIN FORMAT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Co: \_\_\_\_\_

Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate \_\_\_\_\_

Phone: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Mobile  
Phone: \_\_\_\_\_

SKILL Level (please circle): Beginner/Advanced Beginner

Intermediate/Advanced Intermediate

QUESTIONS??? CONTACT Vicky at (989) 750 - 2068 or Mindy at (989) 553 - 1196 or Jon at (586) 484 - 2602

Individual Agreement, Release and Waiver of Liability In consideration of being permitted to participate in The FUND RAISER Pickleball Tournament at Port Hope Community Center 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) Port Hope Community Center or any of its agencies, residents, employees or volunteers, coaches, trainers and 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) Employees 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 to and from the games.
- (3) I FURTHER AGREE THAT: b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Tournament, WITHOUT COMPENSATION. (c) I have read and agree to The Pickleball Tournament at Port Hope Community Center no refund policy ajar registration cut-off.
- (4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the games.  
I HAVE READ THIS WAIVER IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Please Print Full Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

All participants must complete the Agreement, Release and Waiver of Liability in order to compete.