

# Chesterfield Pickleball Adult League – Registration and Indemnity Release

Name of League \_\_\_\_\_ Meeting Day/Time \_\_\_\_\_

Membership Required –"X" here and add \$1 to the \$30 payment to join PCCC if **not** member \_\_\_\_\_

Your County of Residence \_\_\_\_\_

League players must be Age 18 or above. "X" here to confirm you meet this requirement. \_\_\_\_\_

PLEASE PRINT CLEARLY

Full Name \_\_\_\_\_

Email \_\_\_\_\_ Phone/Text \_\_\_\_\_

I have read and understand the agreements to participate in this league and play slots are limited for each date and filled on a First Come/First serve basis each week. \_\_\_\_\_ Initials \_\_\_\_\_

*Submit separate form for each league for which you are registering and send to specified league manager.  
One player per form.*

## RELEASE AND INDEMNITY AGREEMENT

**Release.** In consideration of being permitted to participate in any way in the **Chesterfield Pickleball Adult League** I, for myself, my heirs or assigns, hereby release, waive, discharge and covenant not to sue **the USA Pickleball (USA Pickleball Association)**, The Pickleball Club of Chesterfield County, their officers, volunteers, and agents, league coordinators, managers, and league participants from liability from any and all claims resulting in personal injuries, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in the League. \_\_\_\_\_(initial)

**Assumption of Risk.** Participation in League carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary but include 1) minor injuries such as bruises, sprains and dehydration, 2) major injuries such as eye injuries, joint or back injuries, heat stroke, heart attacks, and concussions, and 3) catastrophic injuries such as paralysis and death. I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in playing pickleball. I assert that my participation is voluntary and that I knowingly assume all such risks. \_\_\_\_\_ (initial)

**Indemnification and Hold Harmless.** I also agree to indemnify and hold The Pickleball Club of Chesterfield County and all named above harmless from any and all claims, actions, suits, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the The League. \_\_\_\_\_(initial)

**Use Permission.** I also give the Pickleball Club of Chesterfield County permission to use or distribute, without limitation or obligation, my image, name, voice, and words for any purpose connected with the League, including promotional, marketing, training, informational, and archival uses. \_\_\_\_\_(initial)

**Participant Signature**

**Print Name**

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: Name and Number \_\_\_\_\_