

Horry County Pickleball League Waiver

Participant Last Name: _____ First Name: _____

Date of Birth: _____ Email: _____

Local Address: _____

City _____ State _____ Zip Code _____

Phone Number _____

EMERGENCY Contact Information (must be completed)

Emergency Contact _____ Relationship _____

Contact Number _____

Waiver for Participant

BY SIGNING THIS PARTICIPANT WAIVER, I HEREBY STATE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

In consideration of the Horry County Pickleball League (the League) accepting me for entry into the League, I hereby for myself, my children, my heirs, executors, administrators and assigns, waive, release and discharge the League, its organizers, agents, and assigns, and the venues in which play takes place, the venues employees, officials, agents and assigns, from any and all claims, losses, causes of action, including but not limited to death, personal injury and/or property damage, whether or not caused by the negligence of the releases, arising out of my participation in the League or use of the League venue's facilities or equipment. I am fully aware that there are risks associated with the participation in the League and/or use of the venue's facilities and equipment and **I ASSUME ALL RISKS** for any injury, including death, or property damage, including those injuries arising from the negligence of the releases while on the venue premises or using venue equipment. I also give permission to the League to use and display any photographs, videos, or other images of me taken while participating in the League in which images may be forwarded to newspapers and/or other publications. I further waive any claim to payment or remuneration for the use of any photograph, video, or other image depiction taken of me while participating in the League or from any other entity that the League forwarded the image to for display or use in any publication whether such publication is made in digital or paper format.

Signature _____ Date _____